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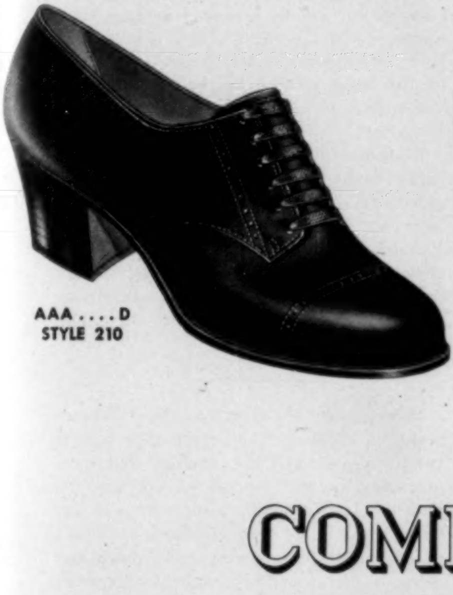

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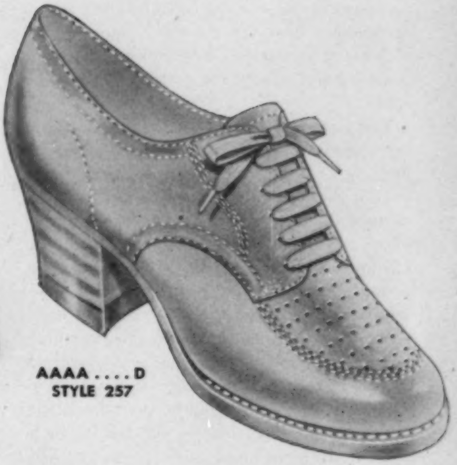

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Between Ourselves

As president of the New Brunswick Association of Registered Nurses, **Hilda M. Bartsch** is our welcomed guest editor this month. Being the president of an active, thriving provincial nurses' association while carrying a full-time job means that there is little time for relaxation. We are all the more appreciative, therefore, of the special efforts our provincial presidents make, from time to time, to interpret their activities and problems to the rest of us. We feel it is a very satisfactory way to capture some of the vision, the aspirations, and the challenge that is an integral part of the present-day nursing scene.

For instance, there was no fanfare about the passing of a new Registered Nurses Act in New Brunswick. As Miss Bartsch speaks of it, it sounds almost as easy of achievement as to walk into the grocery store and order your week's supplies. Yet long hours of off-duty work, participated in by many people, were essential before the new Act became a *fait accompli*. Hundreds more hours of work were necessary to revise the minimum curriculum which is being put into operation.

Few of the general public are aware of all the countless extra hours of professional activity that busy nurses put in. We hope that many more nurses will respond to Miss Bartsch's plea for assistance in carrying on association activities in helping to strengthen the profession of nursing in New Brunswick and all over Canada.

* * *

Here are the various stories and pictures from the recent **Conference of the International Council of Nurses.** As you read these reports you can visualize the tremendous amount of planning that had to be carried on beforehand—the meticulous timing of events and program, the physical problem of housing and feeding an assembly of four thousand, the ease with which the hostess nurses mastered the language difficulties presented by hundreds of nurses who spoke no Swedish, and whose knowledge of the common language that was used—English—was rusty or incomplete. All praise to the gallant nurses of Sweden and their fellow countrymen who spared no pains to make this a most noteworthy conference.

Several months ago when we began inserting the average reading time for the principal articles in each issue, various nurses told us how their reading time balanced up against the assigned average. Some were much faster, others felt we set the average too high—which is just about what we would expect an average to show. After perusing the interesting information contained in the article, **A Reading Habits Improvement Course,** we wonder how our average time compares with the length of time it takes that group of students in the Winnipeg hospital to read these articles. Maybe some of them will satisfy our curiosity by letting us know.

* * *

We would like to draw the attention of all public health nurses, particularly those engaged in school nursing service, to the article reprinted from the *American Journal of Pediatrics* dealing with **case-finding in rheumatic fever.** The proposed school program is much broader in its scope than that being carried out in many of our public schools at the present time.

Sixty per cent of the persons whose diabetes began in childhood and who have had it twenty years have eye trouble, and it is increasing in the general run of diabetic patients. It is generally associated with the retina and can lead to blindness if it isn't controlled. Its exact cause is unknown and so is its cure. A diabetic ought not to worry about it; after all, most diabetics do *not* go blind. But it does make sense for him to have his eyes checked regularly by an ophthalmologist.

Doctors tell insulin-taking patients always to carry two lumps of sugar with them in case of an emergency, and to carry an identification card stating that they are diabetic. One such card, distributed by the New York Diabetes Association, provides space for the names, addresses, and telephone numbers of the patient and his doctor, and carries this notice: "The bearer of this card has diabetes and is using insulin. In case of sudden faintness or unconsciousness, give *two tablespoons of sugar* dissolved in a glass of water, and call a doctor."

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The skins were observed for a period of two weeks for incidence of rashes: macules, papules, and pustules. *The results* indicated that Jergens Lotion gave 5 times better protection against the above skin irritations than the control treatments.

You can recommend Jergens Lotion to your patients as a superior daily skin care for newborn infants.

Jergens Lotion is sterile, does *not* support bacterial growth. Active ingredients: Glycerine, Sweet Almond Oil, Spermaceti, Benzaldehyde, Gum Benzoin, Alcohol.

If you have not already received your copy of these Hospital tests, write to The Andrew Jergens Company, Ltd., Perth, Ontario, Canada, and the report will be mailed to you promptly.

New Products

Edited by **PROFESSOR F. N. HUGHES**

PUBLISHED THROUGH COURTESY OF *Canadian Pharmaceutical Journal*

ORA-LUTIN

Manufacturer—Parke, Davis & Co., Walkerville.

Description—Tablets, 10 mg. and 25 mg., of Ora-Lutin (anhydrohydroxyprogesterone, Parke, Davis & Co.), the crystalline, orally effective derivative of the corpus luteum hormone, progesterone.

Indications—Useful in the treatment and control of certain cases of habitual and threatened abortion, functional uterine bleeding, "after pains," and premenstrual tension.

ECOFEROL Capsules

Manufacturer—Ayerst, McKenna & Harrison Ltd., Montreal.

Description—Each capsule contains the biological activity of 100 mg. d-alpha-tocopherol representing 100 international units vitamin E, as provided by mixed natural tocopheryl acetates (in oil).

Indications—Where vitamin E therapy is indicated.

HYDRO-BILEIN TABLETS

Manufacturer—Abbott Laboratories Ltd., Montreal.

Description—Each red sugar-coated tablet contains: Bilein (Abbott's Dried and Purified Ox Bile) 2 gr., Dehydrocholic Acid 2 gr.

Indications—For replacement therapy to promote absorption of fats and fat-soluble factors and to aid in flushing the biliary tract.

Administration—Average adult dose, one tablet with water, two to four times daily, preferably after meals. Dose may be reduced if it produces a laxative effect. Larger doses are given only at discretion of physician.

SEVINON

Manufacturer—Schering Corp. Ltd., Montreal.

Description—Schering brand of especially purified undecylenic acid for oral use. Each soft gelatin capsule contains 0.44 gm.

Indications—Suggested for psoriasis, neurodermatitis, and possibly for arthritis, bursitis, and tinea capitis.

Administration—Orally at meal-time as required by individual patient, within the limits prescribed. Until the metabolism of this drug is better understood it should be administered with caution, making weekly blood counts and urinalyses when dosage is high over a prolonged period. Should not be given to debilitated patients, those with coronary or gallbladder disease, or to diabetics.

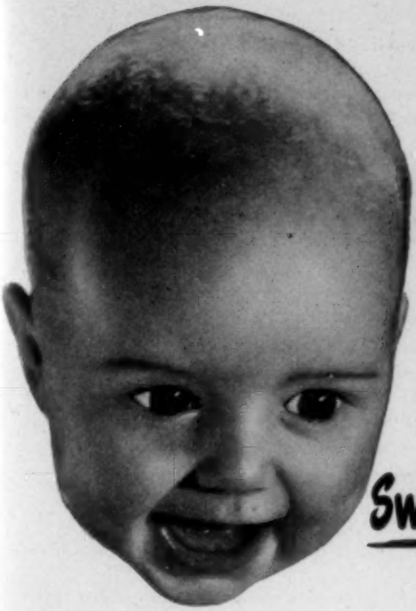
VINGIN

Manufacturer—Canada Pharmacal Co. Ltd., London.

Description—Capsules containing a combination of Potassium Dihydrogen Arsenate, Sodium Dihydrogen Phosphate Monohydrate, Calcium Dibenzoate, Magnesium Dibenzoate, Cetyl Polyglycol Ether, and Urea Peroxide.

Indications—Treatment of Necrotic Gingivitis (trench mouth).

Use—Contents of one capsule dissolved in one tablespoonful water. Rinse and retain in mouth for two minutes. Patient advised not to eat or drink for ½ hour. Repeat four times daily.



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Description—Meovite combines dl-Methionine with the factors of the vitamin B complex known to be essential. Each capsule contains: dl-Methionine 1 gm., Thiamine Hydrochloride 20 mg., Riboflavin 10 mg., and Niacinamide 100 mg.

Indications—Gynecology—Pregnancy premenstrual tension, menstrual disorders, breast pain. Geriatrics—General avitaminosis, impaired liver function. Malnutrition—Convalescence, functional digestive disorder, special diets, alcoholism.

Administration—Four capsules daily or as prescribed for special conditions of prophylaxis or treatment.

CARCEL TABLETS

Manufacturer—Canada Pharmacal Co. Ltd., London.

Description—Tablets of Sodium Carboxymethylcellulose in combination with Thiamine Hydrochloride.

Indications—Initially, 3 tablets 3 times a day before meals until satisfactory stools are obtained. Reduce to one to three tablets daily. Water intake should be increased.

KAOGEL

Manufacturer—John Wyeth & Bro. (Canada) Ltd., Walkerville.

Description—Gel of Alumina with Kaolin—It is in the form of a heavy cream; a bland soothing paste.

Indications—Protective treatment for intestinal fistulas and pruritus ani (moist type).

Administration—The anal margins are widely separated and Kaogel is generously applied to the skin folds and a small amount pressed into the anal canal. Apply three to six times daily. The anal region is cleansed with warm water after stool and before each application. The use of oil or grease should be avoided since it interferes with the coating effect of Kaogel.

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Manufacturer—John Wyeth & Bro. (Canada) Ltd., Walkerville.

Description—A special alumina gel, colloidal kaolin, and pectin are present in correct form and proportion. It is free flowing, entirely new taste especially acceptable to children.

Indications—For the control of diarrhea. Dosage: Adults—at the onset give 2 tablespoons of Kaomagma with Pectin in water; then 1 tablespoonful after every loose bowel movement, according to age. Dosage is self-limiting.

SALENT TABLETS

Manufacturer—Canada Pharmacal Co. Ltd., London.

Description—Each enteric-coated tablet contains: Acetylsalicylic Acid 4 gr. and Calcium Succinate 1½ gr.

Indications—Wherever higher salicylate blood levels are desirable, as in rheumatoid arthritis, acute rheumatic fever, osteoarthritis, fibrositis, bursitis, spondylitis, myositis, and gout.

Administration—Acute stages, initially 3 tablets 3 to 4 times a day. Gradually reduce to minimum sustaining regimen until final discontinuance.

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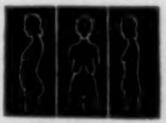

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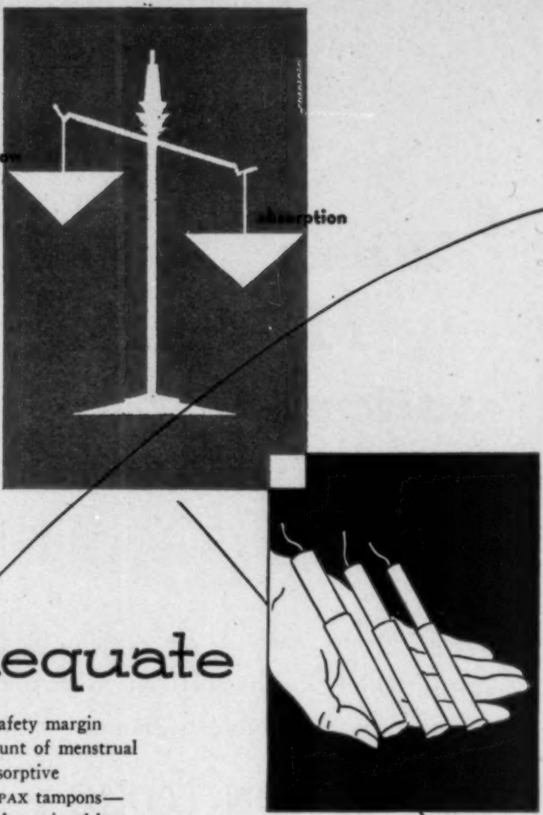

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*Am. J. Obst. & Gyn., 31:979, 1936.

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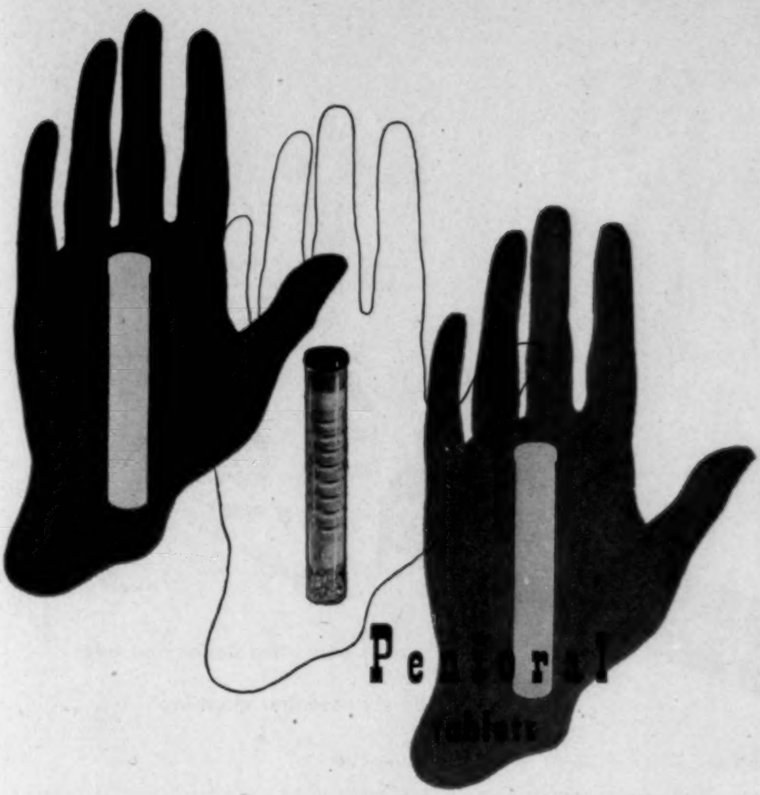

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The
CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME FORTY-FIVE *NUMBER TEN*

MONTREAL, OCTOBER, 1949

Problems and Accomplishments

Average reading time — 3 min. 12 sec.

NURSING is said to be at the crossroads and in New Brunswick, as elsewhere no doubt, there are problems which it would seem that we could not solve in our own association. If all nurses would do their share of the work much more could be accomplished than is being done at the present time. Our province is small, yet the distances to be travelled are considerable. For some of our members, a one-day meeting means taking three days away from their jobs. Of course this means that many of our activities have to be carried on by correspondence.

In spite of these difficulties there are certain projects that have been completed during the last year. The amendments to The Registered Nurses Act were passed at the 1949 session of the New Brunswick Legislature and will become effective January 1, 1950. It is hoped that these amendments will help us to improve the standards of our schools for nurses. Provision is made for a register of student nurses to be kept in our provincial office. This should protect their status as students. A certificate of approval is to be issued annually to all schools meetings the requirements of the Act. It will also enable us to introduce provincial examinations at the end of the first year's training. These examinations will be an integral part of the registration examinations.

A New Brunswick minimum curriculum has been completed. The outlines of the subjects to be taught during the first year of the course were completed last year. The schools were asked to put these into use during the year 1948-49. We have now sent

Harvey Studio, St. Stephen

HILDA M. BARTSCH

out to the schools the course outlines for the second and third years so that schools of nursing may have them ready for use this fall. This work was essential before first-year examinations could be introduced, because uniformity in the teaching of the various subjects was lacking. The work on the curriculum was done under the direction of the Committee on Institutional Nursing.

Beside the work of these two very active committees, considerable effort has been made to gain some government support for nursing education. A brief was presented, recommending a central school of nursing. The need for a survey of nursing not only on the provincial but on the national level was pointed out. While there are no definite results to report, usually we have received a sympathetic hearing. We are hopeful that the provincial government may see that they have some responsibility for nursing education.

A joint committee, with representatives from Nova Scotia and Prince Edward Island, has been endeavoring to make plans for a Maritime School Adviser. In New Brunswick, our registrar is also the school visitor, but she herself is the first to admit that one person cannot do the increasing work in the provincial office and give the schools the help and guidance they need and want. It has been felt that this project might be undertaken on a Maritime basis because no one of the provinces could finance it alone. With the amendments to the Act, introduction of the new curriculum, and hope of starting first-year examinations in 1951, such a person is badly needed in New Brunswick and would be welcomed under an interprovincial agreement.

The New Brunswick Association of Registered Nurses has the privilege of nominating a representative to the Hospital Planning Committee. This committee acts in an advisory capacity to the director of Hospital Services, who is an official of the provincial Department of Health. There is also a representative of our association on the executive of the Maritime Hospital Association. Through these two contacts we are able to keep in close touch with the developments in the hospital field not only in New Brunswick but throughout the Maritime provinces.

This year also saw the formation of an Educational Policy Committee under the convenership of one of our members. Besides the nurse members this committee has representatives from the New Brunswick Medical Association, the New Brunswick Section of the Maritime Hospital Association, the New Brunswick Departments of Health and Education, a member of the editorial staff of a daily paper, and one of the staff of a broadcasting station. It is hoped that a broad understanding of the need for changes in the present system of nursing education may be obtained through this committee.

One of our members is on an advisory committee to the provincial Health Survey Committee. Although we are pleased to have a nurse on this committee, our request to nominate a member of the Health Survey Committee was not granted.

We appear to have good relations with government departments, with the medical and hospital associations and, in most cases, favorable provincial publicity. We are trying to show our problems to all these people and to secure their help and support. We need to educate and stimulate our own members who have little knowledge or interest in the task ahead of us. Perhaps this is our biggest problem—to secure the help of every member of our association.

HILDA M. BARTSCH
President
New Brunswick Association of Registered Nurses

In response to numerous requests from schools of nursing, reprints have been made of Dr. E. M. Watson's "Summary of Clinical Laboratory Procedures" published in the September issue. *Prices:* Single copies, 10 cents; 50 or more copies, 7½ cents each. Enclose your remittance when ordering and order quickly, please.

The I.C.N. 50th Anniversary Conference

GERTRUDE M. HALL

Average reading time — 16 min. 48 sec.

WHEN, IN 1947, the Grand Council voted in favor of accepting the invitation of the Swedish Nurses' Association to hold the 50th anniversary of the founding of the International Council of Nurses in Stockholm June 12-16, 1949, fears and doubts were expressed by some that two short years did not permit sufficient time for all the preparations required, not to mention the cost involved. Characteristically, the Swedish nurses accepted this challenge and their brilliant organization and hospitality bore evidence to the fact that "where there is a will, there is a way."

Every train, boat, and air arrival was met and visitors directed to hospitals, hotels, or homes ready to receive them. Many Swedish nurses, students and graduates, vacated their own rooms for their guests and went to live with friends in the city. The Stockholm restaurants were reluctant to promise meals to 4,000 hungry nurses so meals were cooked in nearby field kitchens and served in St. Erik's Hall, a few minutes walk from the Conference Hall, the route between being gay with flags. An army of voluntary helpers, known as the Swedish Lotta Corps, similar to our W.V.S., served the guests.

A Conference such as this costs money, so 2,500 nurses in Stockholm collected ingredients for cookies; utilizing the facilities of hospital kitchens at night, they made and baked cookies. Press publicity given to this venture brought numberless housewives in Stockholm to the bazaar and in less than three hours the cookies previously made had all been purchased and 32,000 Swedish kronor, or approximately $10,000, was the net result.

The Conference in Session

When registering, each of the 4,000 members attending the Conference was given a folder of the speeches, a badge with her name, her own separate pigeon-hole at the Conference Hall, and was directed unerringly to the appropriate party for visits to hospitals, entertainments, etc.

SUNDAY

Sunday brought the first ceremonies of the Conference. In the evening beautiful services were held in all the churches in Stockholm. These followed the same pattern and the keynote was one of dedication, symbolized by the procession of nurses in uniform carrying candles to the altar—a simple, dignified symbol of dedication on behalf of all of us to the work ahead, both at the Conference and in our daily lives.

MONDAY MORNING

The opening session commenced at 9:45 on Monday morning. The Hall was packed and Gerda Höjer presided. After the arrival of Princess Sibylla of Sweden, the addresses of welcome began and the Conference was declared open by the Hon. Eije Mossberg. Guests were welcomed by Karin Elfverson, acting president of the Swedish Nurses' Association. Daisy Bridges, executive secretary, spoke on outstanding events in the history of the International Council of Nurses. She mentioned the privileges and the responsibility of having a voice that would be listened to in the health councils of the world, as the Council is in official relationship with the World Health Organization. She reminded her great audience of nurses that the past was our inspiration, the future a challenge, but the present was our responsibility and we must build with such wisdom, foresight, and integrity that succeeding generations would find our page of history no less inspiring than those that had gone before. It is with such stirring words that the enthusiasm of thousands of nurses can be relit and the results, through united service, can be bound by no limits.

The Students' Candles were placed on the altar.

During the opening session, welcome was given the members and delegates attending from each of the thirty countries represented. The name of the country was called and all the representatives stood up.

At the end of the session, the Stockholm Philharmonic Symphony Orchestra and choir rendered Beethoven's Ninth Symphony. Always beautiful, on this occasion it seemed unusually appropriate.

MONDAY AFTERNOON

The afternoon session in the large rectangular hall, where nurses filled the arena and three of the four galleries all around it, and where flags of forty-six nations hung above the Congress badge of blue and grey, was devoted to "The Medicine of Tomorrow and the Position of the Nurse." The speakers were from the northern countries—Director-General Axel Höjer (Sweden), Miss B. Kessell (Norway), Miss S. Bachmann (Iceland), Miss A. Snellman (Finland), and Miss E. Larsen (Denmark) and the discussion ranged mainly around the assistant nurse and auxiliary workers.

THE CHRONICLE PLAY

Four performances by nurses were given in the National Theatre of the chronicle play depicting the history of nursing in Sweden, "The Stave of Mercy," which was written by Elizabeth Dillner, superintendent of the nursing school at Uppsala. This play, and all who performed in it, gave the guests a most vivid and moving introduction to the growth of nursing in Sweden from the ancient times of belief in the healing waters of certain wells. Short scenes showed the development from the early traditional laws for the care of the sick and the poor, of the stave of mercy which was used in the 13th century to gain help for those in sickness and in trouble; later, in 1729, the first midwives were examined and took the oath before the mayor of Stockholm; a scene of an early ward in the newly-established Seraphim Hospital added a touch of humor. The influence of Florence Nightingale was shown and the development of the nurse training in the Queen's School for Nurses, now the Sophiahemmet School, while the final chorus and the nurses marching on with the flags of many nations brought the chronicle up to the present day. The play, originally written and produced in Swedish, was translated for this occasion and was beautifully rendered in English.

TUESDAY MORNING

Katharine Densford, second vice-president, presided at the general session "Nursing Education — Methods of Clinical Instruction" on Tuesday morning. The principal speakers were Lulu K. Wolf, professor of nursing and chairman of the Department of Nursing, University of California; Jean Wilson, assistant professor of nursing, University of Toronto School of Nursing; and Aagof Lindstrom, sister tutor, nursing school, Allevaal Sykehuus, Oslo, Norway. Interesting discussion followed the presentation of these papers.

The Midwives' Oath

TUESDAY AFTERNOON

The afternoon was given over to visits to a variety of hospitals, welfare centres, homes for old people, modern dwellings, factories, and nursing schools. The writer was privileged to visit the Swedish State School of Nursing. Founded in 1939, as an experimental school for the education of nurses, it is an independent state institution—i.e., the school has its own board of directors appointed by the King and gets its annual grants directly from the parliament. The faculty consists of the director—attractive and efficient Astrid Janzon—and five instructors who are all state registered nurses. The instructors teach nursing and public health subjects during the study periods when the students are in the school and, during this time, the students are not responsible for nursing service. The instructors are also required to supervise the clinical experience given to the students in the various wards and departments, as well as in the public health work. At least three more clinical instructors are needed to supervise the work in the practice field. The main part of the clinical experience is obtained in the two large state hospitals having a total of 1,600 beds—namely, the Karolinska Sjukhuset and the Serafimerlasarettet.

The school building, which is situated close to the school of medicine, the State Institution of Public Health, and the Karolinska Sjukhuset, has lecture halls, laboratories, a residential part where the students live when they have periods of theoretical instruction or are practising in public health, home nursing, or fields other than a hospital. During their clinical experience in hospital, they receive maintenance in return for service given. Students whose homes are in Stockholm are allowed to live at home if they wish. According to agreements with the hospitals, the school maintains a more or less permanent number of students in the different departments. The rotation of the students from one ward to the other is made by the director of the school, and if the student becomes ill before her experience in one department is complete, the hospital replaces the student from its paid nursing staff. Though the head nurse is responsible for the bedside teaching in her ward, the instructors from the school follow the progress of the students as much as possible. They are present at the doctor's rounds and take over by mutual agreement with the head nurse the responsibility for any treatment which they want to demonstrate to the student.

An interesting feature of the school is the method of selecting applicants. Before the applicants are accepted for the first block of theoretical instruction, they are required to spend what is called an observation and trial period for two months. The prospective student is put as an observer in a ward chosen by the school. She is given some bedside instruction in the care of convalescent patients and is allowed to take part in the daily routine duties such as serving meals, caring for the patients' flowers, tidying up their rooms, and making empty beds. In this way, the applicant becomes familiar with the atmosphere in a hospital. She gets a background for the first study period and can more easily make up her mind whether she really wants to become a nurse. On the other hand, the school obtains information from the head nurse as to the suitability of the candidate. That this method is proving mutually valuable is indicated in the low wastage figures during the latter professional training (in the State School the wastage is less than 10 per cent).

The school takes thirty students twice a year. The training period lasts forty-one months but during that time the students have four months' vacation. The first two and a half years are arranged in a similar way for all students. The last year the student may choose to specialize according to her own wish. She may go to the Central School for Sick Children's Nurses, the State School for midwifery, public health, or social work. She may also specialize in operating-room work, psychiatric, surgical or medical nursing or in medical chemistry, laboratory work, or in radiography.

So that the international visitors might see more of Sweden's hospitals and treasures, other than those of Stockholm alone, one whole day (Wednesday) was given to visits to various country towns. Special trains had been arranged for some of the large groups and in each case excellent organization and generous hospitality made the day unforgettable. We were happy to be one of a group of five hundred nurses who spent the day at Uppsala—one of the two university cities of Sweden—being welcomed at the university by the Rector Magnificus, visiting the cathedral, the tombs of the Viking kings, the university hospital and the nursing school, followed by a banquet in the castle.

THURSDAY MORNING

Thursday morning's session was presided over by M. Marriott, deputy treasurer, International Council of Nurses. The subject of the discussion was "Nursing Service—How to Meet the Demand." Miss MacNaughton, matron of Stracathe Hospital, Angus, Scotland, gave a masterly presentation of "The Demand" while other speakers from various countries outlined the situation in relation to the special fields of nursing. A resolution, requesting delegates to return to their countries urging experimentation in nursing education and nursing service, arose out of the discussion from this session. They were asked to be prepared to report on such experimencation at the next Congress to be held in Brazil in 1953.

THURSDAY AFTERNOON

The final session was presided over by Grace Fairley, third vice-president. Summing up the work of the International Council of Nurses during the past two years, Miss Höjer stated that the scope of the Council's activities had very much widened through its official relationship with the World Health Organization. Speaking of the reorganization of the Florence Nightingale International Foundation, which was now incorporated in the International Council of Nurses, Miss Höjer said its work in the past was very well known, many nurses having already undertaken post-graduate study through the Foundation; the scope of the new side of its work, that of research, could not yet be known.

If the many ideas of the Council were to be put into practice, more financial support would be needed. The real foundation of the International Council was the work of groups in each country. The national associations were most inspiring and important for the work of the Council. More humanity and better relationships between nations were needed, and by always holding fast to the watchword "Faith" we could press on toward our ideals.

REPORTS

Miss Höjer called upon the executive secretary and chairmen of the various international committees to give reports of the work of the Council since the Congress in 1947. Daisy Bridges then reviewed briefly the development of the work. She stated that requests are received at headquarters for information on all manner of nursing subjects. Recognition of the Council by the World Health Organization had given responsibilities and privileges, and a designated representative of the Council (Miss Bridges) had been invited to attend the important meetings held in Rome early in June. Member countries seeking advice and help, and those applying for membership, were visited.

G. E. Davies, treasurer, outlined the financial position and announced that from January, 1950, the per capita fee would be increased from 4d. to 8d. Each year $4,000 was set aside for the expenses of the next quadrennial Congress. One of the

Some of the Canadian Delegates

members attending this Conference suggested that many might like to make voluntary contributions for this purpose and, in response to requests from the audience, nurses stood at the doors to receive further contributions at the end of the session so that those who had so much appreciated the Stockholm Conference could help others to enjoy the next Congress in Brazil. The reports of the committees were then given by the chairmen:

F.H.M. Emory (Canada), for the Membership Committee, stated that the present membership of the International Council of Nurses was 350,000 and the number of affiliated countries was 30.

Ruth Sleeper (U.S.A.), speaking for the Education Committee, said that much work had been carried on concerning the necessary standards for schools of nursing and lists were being prepared and educational systems were being studied in member countries.

Mrs. B. A. Bennett, O.B.E. (Great Britain) spoke of the work of the Nursing Service Committee which had been asked to estimate the needs in different countries, to examine resources, to formulate standards of nursing service and recommend measures for improvement. The causes of shortages and the measures taken to overcome these were outlined. It was emphasized that there was no decline in the numbers entering the profession. They were increasing but the demand continued to be greater.

Yvonne Hentsch, for the Relief Committee, said that relief had been given to nurses in fourteen countries in the form of hospital or convalescent home care, uniforms, clothing and subscriptions to nursing journals, teaching and other equipment for schools of nursing, and help for displaced nurses. Many associations had contributed generous amounts for this work which was still needed. National associations should let the committee know of cases of need.

F. M. Udell (Great Britain), chairman of the Economic Committee, spoke of the work they are presently carrying out to obtain the fullest possible information on the professional, social, and economic position of nurses in the different countries.

G. M. Hall (Canada), for the Ways and Means Committee, spoke of the need for funds for current activities and special projects and mentioned several proposals now being considered by the committee.

M. Kruse (Denmark), chairman of the Exchange of Nurses Committee, explained that the idea of international exchange of nurses was as old as the Council and was most valuable but, developing greatly after the war, it needed a formal framework in connection with the Council.

RESOLUTIONS

M. Marriott (Great Britain), then presented the report of the Resolutions Committee. Briefly summarized, these included the following: That a statement be prepared of essentials for adequate classroom and laboratory teaching equipment; that when specific relief is needed by a country the executive secretary of the Council should at once make such need known to the countries which might be able to help, asking for reply by return, so that relief may be expedited; that the conditions for membership remain unchanged: that is to say, that member organizations should be self-governing and non-political, and be composed of registered professional nurses: the objectives of the member associations must be in harmony with those of the International Council; that delegates should return to their countries resolved to urge experimentation in nursing education and nursing service; that every effort be made to strengthen the position in status, salary, and conditions of work for nurses, sisters, and all participating in the teaching of the student nurse; that further study of the methods of selection of student nurses be made with the possibility of wider application.

Miss Marriott then proposed that the Conference express its deep appreciation and gratitude to all those who had helped to make the Conference such a success, in particular to the acting president, Karin Elfverson, and all the members of the Swedish Nurses' Association for their unbounded thoughtfulness and hospitality. A very special vote of gratitude was given to Miss Höjer for her inspiration and guidance, and Daisy Bridges was thanked for her continuing thoughtful and stimulating leadership.

E. Fraenkel (Brazil) then invited the nurses of the world to hold the next Congress in Brazil in 1953.

Finally, Mlle M. Bihet (Belgium) expressed the most sincere thanks of the Conference for the hospitality and skilful manner in which the needs of all had been met. All had realized the magnitude of the undertaking and had enjoyed the hospitality, interesting visits, and the beautiful city and countryside of Sweden. Miss Höjer will continue as president of the International Council of Nurses for the next four years. She had shown by her example that a nurse might be an efficient member of her profession, a citizen of her country, and an asset to world civilization.

J. Sotejo (Philippines) seconded the vote of thanks in a beautiful speech, and said that all would return to their countries inspired.

Although at this point the Conference was dispersed, many of those attending went on to take courses or holidays in Sweden, some to Norway, some to Finland, some to Oxford and London.

The general secretary of the Canadian Nurses' Association was one of twenty-five national secretaries privileged to attend a ten-day conference in Bergendal, Sweden.

Grand Council Meetings

NELL V. BEEBY

Average reading time — 13 min. 36 sec.

IN THE SWEDISH Parliament Building, the imposing structure which "stands as a monument to free thought spoken by free men down the ages," Gerda Höjer, president of the International Council of Nurses, greeted 110 members of the Grand Council and national associate representatives, national executive secretaries, and other invited observers. They met, June 8-10, 1949, to discuss problems and outline plans for projecting the program of the Council to improve nursing service and nursing education. The organizations were increased at the first session from 22 to 30 when the national nurses' associations of Germany, Austria, and Japan were reinstated in active membership, and the national associations of Italy, Southern Rhodesia, Korea, Turkey, and Haiti were elected into membership. National associate representatives from Portugal and Ceylon were attending for the first time. Miss Höjer and Daisy C. Bridges, executive secretary, reviewed briefly activities of the I.C.N. during the past two years. To mention only a few: the removal of the headquarters

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Miss Beeby is editor-in-chief of the *American Journal of Nursing* and a member of the Publications Committee of the I.C.N.

Grand Council, I.C.N.: M. Marriott, Deputy Treas.; G. Fairley, 3rd Vice-Pres.; K. J. Densford, 2nd Vice-Pres.; G. Höjer, Pres ; D. C. Bridges, Exec. Sec.; G. E. Davies, Treas.

office from New York and its reestablishment in London; visits by the president and the executive secretary to Italy, Switzerland, Germany, France, and the Netherlands; help extended to nurses of many countries not as yet affiliated with the I.C.N.; establishment of official relationships with other international health organizations; compilation of reports from the member organizations. "It is a sign of good omen," said Miss Höjer, "that after only two years we can meet to consider new developments."

DUES INCREASED

One of the first actions taken by the Grand Council was to increase per capita of dues paid by the national associations to the equivalent of eight pence in British currency. Action on this increase had been deferred at the time of the 1947 Congress in Atlantic City. The new dues become effective for all member countries on January 1, 1950. It was voted that the Board of Directors shall have power to consider any case of hardship which may arise and to take action as deemed advisable.

MEMBERSHIP INCREASED

With the reinstatement of the associations of Germany, Austria, and Japan, and the admission of Italy, Korea, Southern Rhodesia, Haiti, and Turkey, there are now thirty national nurses' associations in active membership. Associations having associate membership were increased to sixteen with invitations extended to representatives from Bolivia, Chile, Colombia, Ceylon, Egypt, Israel, Lebanon, Liberia, Luxembourg, Malaya, Mexico, Pakistan, Portugal, Siam, Spain, Venezuela.

During the next two years the Membership Committee (Florence Emory, Canada, chairman) will review the status of the thirty national organizations now having active membership to determine their qualifications for continued eligibility. The committee will also make further study of national student organizations to consider the possibility of setting up machinery by which student nurses of member organizations may have international contacts.

ETHICS OF NURSING

The Ethics of Nursing Committee (M. E. Craven, Great Britain) will undertake a study of what the term "ethics" or "nursing ethics" means to the nurses of each member country and will attempt to submit a code for consideration by the Council. It asked that each member association submit a bibliography of current source material on the subject.

NURSING SERVICE

A broad picture of the needs for nursing service and ways by which these needs are being met was presented by Mrs. Bethina Bennett (Great Britain), chairman of the Nursing Service Committee, based on detailed information secured from sixteen countries. Although the enrolment of students in nursing schools is increasing, the developments of modern medicine, the extension of both hospital and public health services, and the efforts to improve standards of service has resulted in an increased demand for nursing service which the nursing profession is making a valiant effort to provide. In many countries wide use is being made of the services of non-professional workers, but the place of the nurse within the health team is not clearly defined. In order to do this the total needs of the patients must be analyzed, keeping in mind the most economical use of man- and woman-power. "Nurses at present," said Mrs. Bennett, "are ill equipped to undertake such research, but if they were trained to take a major part in it, the status of the profession would be improved." This committee, working with the Nursing Education Committee, will undertake the promotion of research in nursing service and the physical facilities of hospitals which affect the quality of the nursing service provided. "The solution of nursing service problems," said the chairman, "seems to depend on a careful investigation of the three R's: requirements, resources, reconstruction."

Exchange of Nurses

Replies to a questionnaire study made by the I.C.N. Committee on the exchange of nurses (Margarethe Kruse, Denmark, chairman) to the member associations show that foreign nurses (nurses from other nations) were employed in at least fourteen countries during the years 1945-48.

In nearly all of these fourteen countries, a foreign nurse must be registered in her own country in order to obtain work and, in some cases, she must also be registered in the country in which she was employed. In the western and northern European countries, registration is not required of the foreign nurses if employment is for a limited period. On the other hand, a working permit is necessary in all cases. In a very few countries, salaried employment can be arranged for foreign nurses who have no knowledge of the language of the country to which they go.

In most countries, the national nurses' organizations are responsible for the exchange; in some, for instance in Ceylon, exchange arrangements are made through the national government; in others, employment is arranged through direct application to the employing institution.

Membership in the national nurses' organization of her own country is required of foreign nurses seeking employment in most countries.

Salary and working conditions for foreign nurses are generally the same as those for the nurses of the country in which they are employed; if the foreign nurse cannot speak the language, however, her salary for the first month may be lower than that of native nurses.

Nurses from other countries are usually employed in hospitals; in a few countries (for instance, New Zealand, Finland) there is opportunity for employment in public health nursing agencies.

Opportunities for study have been arranged in the United States, Canada, New Zealand, and the northern and western European countries. Registration in these countries is not required of nurses who are on study or observation visits. Arrangements for such visits have been made at the request of the national nurses' organizations and also through the Florence Nightingale International Foundation. It is necessary for the nurse undertaking a study trip of this kind to have mastery of the language of the country to which she goes.

Exchanges of nurses among the northern European countries have been arranged since 1938. A specific procedure for arranging study tours has been set up by the American Nurses' Association, and the Canadian Nurses' Association has appointed a special committee to study the question of exchanges. In other countries, however, exchanges of nurses for study or for employment have not been administered or directed by the national nurses' association. A definite plan for such visits, centrally administered, would make the international exchange of nurses more valuable to the nurses themselves and to the profession, and would contribute to the development of greater understanding among the nurses of the various countries.

The Grand Council has authorized the I.C.N. headquarters to serve as a clearing-house through which exchange of nurses, for study and employment, can be arranged. Definite policies governing such exchanges have been set up.

Nursing Education

Ruth Sleeper (U.S.A.), chairman of the Education Committee, presented an outline of (1) minimum standards of education in nursing schools to be used by the Committee on Membership in determining eligibility of a national organization for membership in the I.C.N. and (2) minimum standards to be used by schools which are endeavoring to establish basic programs in professional nursing. The latter includes standards regarding the purpose, organization, and administration of the school; the faculty, curriculum, facilities for instruction and for supervised practice, student personnel and counselling programs, records, accreditation. The committee will further outline recommended minimum standards of equipment for classrooms and for nursing practice and science laboratories. It will also make a comparative study of admission standards for nursing schools in the various countries.

THE FLORENCE NIGHTINGALE INTERNATIONAL FOUNDATION

The postwar period in nursing had been characterized internationally by a resurgence of interest in the I.C.N. and the F.N.I.F. This is due in some degree to the pressure throughout the world for more nursing. It is perhaps more directly due to the speed with which both resumed work after the war. The I.C.N. already has two international meetings to its credit. The F.N.I.F., through its national committees, has secured funds for scholarships and has promoted improvement of nursing and nursing education by guiding the use of the scholarships. There has, however, been a considerable amount of confused thinking or lack of information about the functions of each organization.

A special study committee of the I.C.N., headed by Mrs. Alma M. Scott (U.S.A.), presented an excellent report on the structure, functions, and relationships of that body to the Board of Directors and the Grand Council in Washington in 1947. At approximately the same time, the governing body of the F.N.I.F. decided that its structure, functions, and relationship should be studied by an expert in educational administration. The report of that study, made by Muriel Uprichard under the direction of the professor of education at the University of London, was printed in 1948 and circulated for study by the national F.N.I.F. committees and by the governing bodies of the I.C.N., the F.N.I.F., and the League of Red Cross Societies.

The Hamley-Uprichard report pointed out that, as the program of the World Health Organization grows in power and influence, there should be a strong well-organized international nursing organization to promote the best interests of professional nursing throughout the world. The type of program operated by the F.N.I.F., that is, the encouragement of professional development through the provision of scholarship and exchange students, has become very popular and had been adopted by a variety of agencies with varying standards. The report, in essence, is a clarion call to the nurses of the world to promote, through the I.C.N., a substantial well-defined program based on unity of purpose within the profession. This calls for dynamic moral, technical, and financial support from the national active members of the I.C.N. It calls for a closer relationship between the I.C.N. and the F.N.I.F. than had previously existed. It calls for a clear-cut and effectively administered program.

At a joint meeting of the Grand Council of the F.N.I.F. and the Board of Directors of the I.C.N. in London, 1948, the two bodies agreed to appoint a Joint Planning Committee to work out the administrative details for the reorganization of the F.N.I.F. as a legal entity within the I.C.N. The chairman of the Joint Planning Committee was Yvonne Hentsch, who gave the report of this committee to the Grand Council of the F.N.I.F. meeting in Stockholm, June 3-4. Seventeen national committees were represented, as were the League of Red Cross Societies and the I.C.N.—the "parents" of the F.N.I.F. In the absence of the president, Miss Lambie (New Zealand), Jeanette Merry of England was elected chairman.

The "Trust Deed" of the Foundation is equivalent to the articles on incorporation of an American organization. The Joint Planning Committee and the executive secretaries of the two organizations spent many hours in preparing amendments to this document which was reviewed by legal advisers of the Foundation before the committee report was prepared.

The Grand Council of the F.N.I.F. devoted an entire day to discussing the proposed amendments. It then voted unanimously for reorganization of the F.N.I.F. *within* the I.C.N. The existing rules and regulations were revoked and others substituted. These decisions, which were not easily arrived at, are based upon unanimous acceptance of the principle that nursing must present a united front to the world and that the I.C.N. must, therefore, be effectively equipped to deal with international problems related to nursing.

The Grand Council of the F.N.I.F. then sent the F.N.I.F. documents as amended, together with suggested amendments to the I.C.N.'s Constitution and By-laws, to the Board of Directors of the I.C.N. That body, after careful consideration of the proposed affiliation or "merger," accepted the recommendations of the F.N.I.F.

The name of the new organization is "The International Council of Nurses With Which is Associated the Florence Nightingale International Foundation." The F.N.I.F. thus becomes a structural and functional unit within the I.C.N., governed by a grand council which will be identical with the Board of Directors of the I.C.N. It will have a council appointed by the Board of Directors of the I.C.N., consisting of not less than seven or more than nine members. To this council will be delegated the important functions of setting up and implementing the program of the Foundation.

National F.N.I.F. committees will be set up by whatever means is appropriate in the country concerned, but wherever possible the committee will be a standing or special committee of the national association affiliated with the I.C.N.

It is anticipated that the F.N.I.F., functioning within the I.C.N., will be responsible for the development of designated aspects of a purposeful, long-range educational program. Although its responsibilities are not in the proposed trust deed, the Hamley-Uprichard study suggests a number of possibilities. For example, if the Foundation continues a scholarship-granting program, shall criteria be developed for granting such aid for advanced educational work only? Or shall they be devoted primarily to the encouragement of improved educational standards in the less progressive countries? How can a library built around a nucleus of works by and about Miss Nightingale be effectively used? These are some of the questions members of the F.N.I.F. Grand Council asked each other in the interval between sessions. The question—"What is to be done in the field of research?"— has been put to members of the Council more frequently than any other. A few of the more obvious problems requiring investigation are:

The relationship between the members of the health team.

The function of the nurse in a hospital, in the public health field, in industry.

The possible contributions of the nurse to the mental as well as the physical rehabilitation of patients.

The needs of countries in which no nursing now exists.

The education of the public as to the function of the nurse.

In voting unanimously to transfer responsibility of the F.N.I.F. to the I.C.N., the Grand Council was acutely aware that in so doing it has transferred a tremendous legal and moral obligation along with the privilege of attempting to create a living memorial worthy of the greatest nurse of all time and of the two great women—Mrs. Bedford Fenwick and M. Adelaide Nutting—who believed whole-heartedly that nurses were capable of creating such a memorial.

1953 CONGRESS

Accepting the invitation of the Brazilian Graduate Nurses Association (Edith Fraenkel, president), the Grand Council voted to hold the 1953 Congress of the I.C.N.-F.N.I.F. in Brazil, probably at Sao Paulo or Rio de Janeiro. The Board of Directors will meet in 1951 in Brussels.

My First I.C.N. Conference

PHYLLIS ROWE

Average reading time — 6 min. 24 sec.

ATTENDING the I.C.N. Conference in Stockholm was indeed a most interesting and worthwhile experience. My only complaint was the constant pressure of time, since days were packed so full of interesting programs that one had never an opportunity to stop to cogitate about the previous activity. It was always time to be doing something else, and since our tour allowed us only the five days in Stockholm we had scarcely any opportunity to see the beautiful sights of the city itself. Hence, when our train pulled out at 1:35 p.m. Friday, I felt that our visit there had not been quite complete.

Gathering for a Session

Looking back on the Conference, I never cease to wonder at the details of organization, the tremendous forethought, and planning involved in arranging the program, and the accommodation and board for some four thousand persons. The Swedish nurses and members of the I.C.N. executive did a wonderful job.

The hospitality of the Swedish nurses, and the Swedish people in general, was most outstanding. Perhaps we were particularly fortunate, being billeted in a private home where the host and hostess (previously a nurse herself) did their utmost to make our visit a pleasure that will never be forgotten. Each evening we looked forward to arriving home, after a strenuous day's activity, and chatting over a delicious cup of coffee (the first that tasted like good Canadian coffee since we left Montreal), Mr. Hulquist thumbing through the dictionary to find the words they did not understand. If we dared to mention sore feet we had our little social hour with our feet soaking in basins of warm water.

Sunday, after we had settled ourselves in our new home, we went down to the Royal Tennis Hall to register. We arrived to find a formidable line-up ahead of us and it was not long before an equally long one was behind. First we joined the queue to get money to pay the remainder of our registration fee. Then we joined the queue, according to country, to register. It was a long and tedious process, taking altogether about three hours. But once registered we were well equipped for the remaining four days. Meal tickets, guides to Stockholm, admission tickets to various functions, directions on how to get to various parts of the city, and our program and copy of the Conference papers were all contained in a blue folio that each of us received.

In the evening I attended divine service at Gustav Vasa Church, where students from various schools combined to produce a most effective candlelight ceremony.

THE SESSIONS

The opening session was perhaps the most impressive feature of the entire conference. The Royal Tennis Hall was filled with nurses repre-

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Until recently, Miss Rowe was a clinical instructor at the Vancouver General Hospital. She is presently taking a post-graduate course in pediatric nursing at the Children's Memorial Hospital, Montreal.

senting such a variety of nationalities, many of whom appeared in their colorful national costumes. The atmosphere that pervaded the hall was something that cannot be expressed in words, but had we been able to attend only that first session we would have left with a renewed enthusiasm and interest in professional affairs.

The addresses, given in English, displayed a very warm welcome to the assembly and showed much interest in the activities of the nurses. Particularly enjoyable was the symphony music by the Stockholm Philharmonic Symphony orchestra and choir.

At the *Monday afternoon* session, when the topic for discussion was "The Medicine of Tomorrow and the Position of the Nurse, "a problem was revealed that is becoming increasingly important to the professional nurse. The papers showed that nurses have much study and research to do if they are to meet the needs for nursing service, in its broadest sense, in the future. From the papers, presented by members of the medical and nursing profession, we immediately became aware that even among these groups there were certain differences of opinion as to what the outstanding function of the nurse would be and the special fields into which her services would be directed.

The doctor raised the question as to whether the nurse should not have a training more in line with that of a doctor, so that she might be more fitted to act as a "doctor's assistant," the actual bedside care of the patient being carried out by less qualified personnel. The nurses, however, seemed to feel that if the education of the professional nurse is to best equip her to meet the needs of the community it should stress, not primarily the function of doctor's assistant, but rather the total nursing care of the patient, both in the preventive and curative phase.

It is a problem that must be solved and one in which all professional nurses should take an interest.

Tuesday morning—"Nursing Education—Methods of Clinical Instruction." Having been a clinical instructor myself, I looked forward to the Tuesday morning session with keen interest. Here, perhaps, I would find an answer to some of the questions that had troubled me for the past four years. Unfortunately, the session was late starting, which left rather inadequate time for discussion after the papers had been presented.

The speakers covered the functions, the responsibilities, and the qualifications of the clinical instructor. They stressed that she must be a member of the teaching staff of the school of nursing, free to devote her energies to teaching and not to giving service. But the clinical instructor works in a practical field where teaching cannot be an entity entirely separate from the ward situation, and where the actual administration of the ward greatly influences the teaching situation. The tasks of the clinical instructor by their very nature are time-consuming (e.g., supervision of students doing procedures, preparation of lectures and clinics, attendance at committee meetings, marking examination papers) and this restricts the time available to the instructor to control the teaching situation. I should have preferred a more practical approach in the papers and greater discussion on how the clinical instructor can best function to meet her objectives.

Colorful National Costumes

Tuesday afternoon we all visited the State School of Nursing. This school is economically self-supporting, receiving money from the government. It was most interesting to hear how this independent school of nursing, now ten years old, carries out the education of the students. Originally the students returned to the home school for block periods of teaching in theory. There has been a tendency lately to use this time more for discussion and study, and increase the teaching in the field at the time the student receives her experience. Applicants, before being accepted, must do a two-month period of hospital ward work, such as ward assistant or tray girl, to see if the student likes the hospital and contact with patients. They feel this is most helpful and is one of the contributing factors to their low loss of students in training during the three-year period.

Visits to smaller centres near Stockholm was apparently a new procedure at the I.C.N. meeting this year and one that proved both educational and interesting. My visit was to Uppsala, a university town about two hours run from Stockholm. I went to a tuberculosis hospital and to the school of nursing where we saw the plan of "blocking" the students' classes and experience and the school itself. Both at the school of nursing here and at the State School of Nursing in Stockholm, I was impressed by the comfortable living accommodation provided for the student nurses.

The visit through the hospital clinics was rather hasty and did not provide great opportunity to see the set-up or system employed.

True to the pattern of Swedish hospitality was the banquet served at the State Hall of the Castle, where the city council of Uppsala entertained the members of the Congress.

The closing session of the Conference consisted mostly of committee reports. These were comprehensive and covered many aspects of the I.C.N. activities. However, owing to lack of time, they were presented in such rapid succession that I feel there were many points that I missed. I was not able to assimilate them.

There are many, many, other phases of the program that I have not touched upon. The chronicle play on the history of nursing in the Northern Countries, the concert and art exhibition at Prince Eugens Gallery, and the visit to Skansen—I enjoyed them all. My memories of the I.C.N. Conference in Stockholm are indeed very happy ones and I am most grateful that I was able to attend. Already I am thinking of Brazil in 1953.

The Jean I. Gunn Memorial

The Alumnae Association of the Toronto General Hospital School of Nursing has plans underway to establish a memorial to Miss Jean I. Gunn, O.B.E., LL.D., for many years superintendent of nurses of the Toronto General Hospital. Miss Gunn's contributions to nursing and hospital development were made on both a national and international scale and it is particularly fitting that the memorial will be of service to nurses in all parts of Canada and to representatives of nursing from other countries.

A Jean I. Gunn library will be established in the new building which is to be erected for the University of Toronto School of Nursing. Nurses come to this university school from all provinces of Canada and from many other parts of the world; its work thus assumes international significance. Twenty-five thousand dollars are required for the memorial project. Part of the fund will be spent to make the interior of the library itself a worthy memorial and part will be spent on books.

As Miss Gunn's interests were so widespread, and her work of importance in so many fields of activity, the participation of persons outside the nursing profession is being asked in providing the necessary funds for the memorial. It is felt that nurses generally will wish to contribute. If you do, please make your cheque payable to "The Jean I. Gunn Memorial Trust Fund" and send it to:

Miss Lillian Bailey
Toronto General Hospital
Toronto 2, Ont.

Contributions are deductible from taxable income for income tax purposes.

European Odyssey

CLARA R. AITKENHEAD

Average reading time — 19 min. 48 sec.

AFTER MANY MONTHS of planning and keen anticipation June 1, 1949, finally arrived when at 4:00 p.m. at Montreal Airport I found myself being transported from *terra firma* to a height of 19,000 feet, high above the clouds! We were forty-four passengers and after some brief instructions from one of the officers, some light refreshments from a smartly dressed, reassuring stewardess, we settled down comfortably to a smooth flying trip across the Atlantic. One stop was made at Gander where dinner was served. At 9:30 next morning we made an uneventful but happy landing at Prestwick, where excited relatives anxiously awaited our arrival. I recalled the words of the poet, "This is my own, my native land!" as I stepped off the plane. I learned from travelling by air how very near countries and the people in them are to each other.

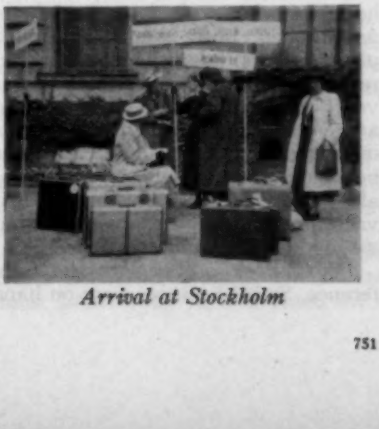
After a short visit in Scotland, arrived in London by rail, having stopped over at a few places en route. On Whitsun Monday we were taken for a lovely drive in Surrey to see a very beautiful home and grounds, Polsden Lacey, where Their Majesties, the King and Queen, spent their honeymoon. This had been the home of a friend of the Queen's and commanded a magnificent view of the surrounding country. They must have spent a most delightful time there, among the beautiful gardens, lawns, trees, statues.

Two days spent at the beautiful old city of Bath proved very enjoyable and interesting. The historic cathedral, although bombed, still stands in all its glory; the old Roman baths are still preserved in their original form—you may still have a Turkish bath there!

On the train from London to Harwich were discovered to be some fifty British nurses and a few other English-speaking ones all en route to Sweden. The boat trip from Harwich to Esbjerg took twenty-four hours and proved very restful. There was a clear blue sunny sky and the water was smooth, reflecting the blue of the sky. It was an English ship but the crew was entirely Danish. One was impressed with the scrupulous cleanliness of everything. Here we were introduced to the preparation of food in the Danish manner—open-faced sandwiches and rye bread!

The second half of the journey to Stockholm by rail while uneventful was interesting. It was a crowded train and we were obliged to find seats anywhere, so that we became scattered among Scandinavian people. Most of them spoke English, some more than others, but everyone seemed most interested in us, and knew all about the I.C.N. Conference being held in Stockholm.

We were an excited group of nurses, when on Saturday morning, June 11, 1949, we impatiently awaited our first glimpse of Stockholm. As we stepped off the train, there were the Swedish nurses in smart outdoor uniform, wearing their yellow-blue ribbon, greeting us in English and directing us to where buses were waiting to take us to our place of



Arrival at Stockholm

Miss Aitkenhead is a head nurse at the Central Division of the Montreal General Hospital.

Travelling Aides

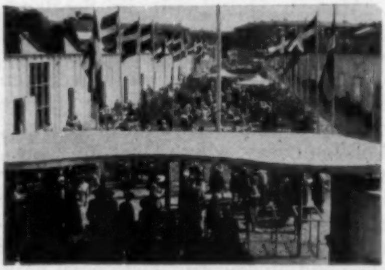
residence. As we arrived outside the station there were lined up on either side more nurses with signposts, showing the names of various places of residence that had been assigned for the visiting nurses. A car with a loud-speaker system had been set up, and in different languages a warm welcome to Stockholm was extended. To those of us English-speaking nurses, it was particularly good to hear the voice of Frances Rowe, extending greetings and giving instructions. Any feeling of strangeness we might have had completely disappeared as we felt the warm hospitality of the Swedish nurses in their well-spoken English.

Using our identification card for our place of residence, we were soon assembled in different groups where bright red buses—looking specially polished up for the occasion with a smart driver who seemed particularly happy to have been assigned to meet us—drove us off to our destinations, accompanied by a nurse who acted as guide and introduced us to friendly hostesses who awaited us. Accommodation had been secured in such places as hospitals, schools of nursing, residences, private homes, etc. I was very comfortably housed in a most attractive building which was a training school for young ladies learning to be kindergarten teachers, which was also their place of residence. Their vacations had been planned so that we might have accommodation.

For a week previous to the Conference, Swedish nurses were on hand at the station day and night to meet all trains coming in from various places. As we learned the hospitality of Sweden, one of the first Swedish words we learned to say was "Tack sa mycket" or "Thank you very much." We were always thanking them for something!

Stockholm is truly the beautiful old city we read of—the fine architecture of the old buildings, gardens, canals, bridges. The fine weather we enjoyed showed it off in all its beauty. Cleanliness was another noticeable feature. The Royal Tennis Hall seemed an excellent place for the Conference, situated about seven minutes by street-car from the centre of the city; its tiered seats, dome ceiling with large windows through which the bright sunlight poured in on a colorful audience, was indeed a most brilliant sight, especially on the opening morning when the Crown Princess Sybilla attended the Conference. Here we registered, received from our own letter-box a large blue folder containing tickets for the various activities.

I was impressed with the real spirit of internationalism which prevailed wherever we went: we always seemed to be sitting beside different nationalities of people which made the Conference so interesting. Your admission card designated which section of the hall you found your seat. Meal tickets were marked first or second sitting and section at St. Erik's Hall where the Women's Voluntary Services provided wholesome meals cooked outdoors. Theatre ticket showed which one of the four presentations



St. Erik's Hall

of the chronicle play "History of Nursing in the Northern Countries" you attended. Your train ticket told you which town you visited for a day. Another ticket designated the number of the bus which took you on an afternoon tour of a school of nursing, hospital, or whatever you chose to visit; another, the church you attended for the Florence Nightingale Memorial candlelight service by the student nurses. On each of those occasions you would meet an entirely new group of people. The avenue of flags of the thirty-five different countries represented at the Conference, between St. Erik's Hall and the Royal Tennis Hall, was particularly impressive, as also were the many bright green and yellow flags of Sweden.

There were ten nationalities represented by the thirty nurses at the residence where we were placed. Breakfast time was about the only occasion for us to meet together, discussing the previous day's events and what was in store for that day. We were always assembled bright and early at eight o'clock for our Swedish breakfast which consisted of rye bread, rolls, cheese, cut with a special cutter that sliced it so thin and intrigued us so much we brought one back with us! There was plenty of marmalade and delicious tea. Coffee was rationed but the tea was so good we forgot that we were accustomed to coffee in the morning at home. Everyone spoke some English. There was a large representation of Danish nurses who spoke English exceptionally well and who were most anxious to improve their vocabulary. They liked to talk with English-speaking nurses.

I attended beautiful old Gustav Vasa Church with its wonderful sculpture work. The sermon was given in English and was very appropriate. As the lights of the church went out and the student nurses filed down the aisles to the altar where two clergymen took their candles and placed them on a table, it made a most impressive picture. The choir of youthful voices and the great organ sounded very wonderful. Such music is not heard very often by many of us.

The opening session, with addresses of welcome led by the Bishop of Stockholm, the Stockholm Philharmonic Symphony Orchestra and opera singer, was a memorable occasion. Near to where I sat were two rows of very youthful-looking Swedish student nurses in crisp colorful cotton dresses and smart hair-do with ribbon, accompanied by their sister tutor who was in uniform. They were most attentive throughout the proceedings.

The day our group of three hundred left for a country town was one we shall long remember. We had to be at the station for 6:45 a.m. and could not have breakfast before we left, so the nurses provided it on the train. We were each given a white cardboard box tied with the Swedish national colors. This contained some Swedish open-faced sandwiches, Swedish pastry which we thoroughly enjoyed, some biscuits, a paper napkin, and a paper cup for tea when it was passed around. The nurses serving us were in beautiful national costumes which were most colorful. The embroidery on the dresses and aprons is a real work of art, and the quaint caps fascinated us, as did the red, green and yellow stockings. I learned it is every little girl's pride and joy to possess one of these dresses when she is about five years of age, embroidered by her mother or grandmother. There was a great variety of styles in these costumes and, on inquiring, learned that there is a different style for each county. These national costumes are worn on holidays, etc. After breakfast, the nurses danced and sang through the corridors of the train. We just never knew what pleasant surprise was coming next.

The singing by the nurses' choir at Skansen was a real treat. We learned that every hospital has its own nurses' choir and they are not at all bashful about singing.

I spent an afternoon at the Swedish State School of Nursing which was most interesting. It is situated on a hill and, as we climbed along a narrow winding path amid trees, with wild flowers growing in profusion, we lingered a little while. On reaching the top and turning the corner to the entrance of the school, a little out of breath and warm from the sun, a pleasant surprise awaited us. On the lawn was a large table with two large punch bowls and tall cool glasses of lemonade which very sweet student nurses in national costume served to us. Having a newly acquired Cinekodak, I lost no time taking pictures to bring home.

The evening visit to Stockholm's beautiful old town hall, with the great organ playing, is something we shall always associate with the Conference. Built of red brick with a high tower showing a clock decorated with gold, it made a very fine landmark on the edge of the river.

The long hours of daylight fascinated us, there being only about three hours of dusk from 11:30 p.m. until 2:30 a.m. If we sat up and talked too late as we did once or twice, we saw daylight come in before we had retired! One of the exciting things that occurs at an international conference is never knowing when you are going to meet someone from another country whom you have not seen for some time. So there was much good talk after Conference hours.

It was with much reluctance that we said goodbye to many of our Conference associates. Some of us lingered a few days longer to learn something about the history and culture of Sweden which we thoroughly enjoyed, under the leadership of Elizabeth Dillner. We were thirty-five of us representing eleven different nations. Visiting a very small country church on the Sunday, we were asked to sing a hymn in Swedish which, strange to say, we accomplished in our own way with the help of the organ!

We shall not soon forget the hospitality of the Swedish people, including the friendly street-car conductor who always let us off at the right place and the kindly policeman who directed us when we lost our way.

DENMARK

Shortly after the train left Stockholm for Copenhagen, when the conductor came around to collect tickets, I discovered that, although I had about a dozen different tickets in my hand, there was none for Copenhagen. Never found out what happened as I held my receipt from the Travel Bureau! Only the fact that I was a foreigner, and neither the conductor nor myself quite understood each other, saved me from disaster! Spent five delightful, restful days in Denmark with two Danish nurses I had met previously in Montreal. The Danish Council of Nurses had planned a program for visiting nurses and we were very comfortably housed while in Copenhagen at the Community Hospital—about twenty of us. Saw Hans Andersen's "Little Mermaid" by the sea, looking very sweet indeed. It was strawberry time in Denmark and we partook of them with great gusto—such large luscious strawberries I have never seen nor tasted before! I found the Danish people most warm-hearted and willing to share whatever they had.

Aarhus, Denmark's second largest city and University centre, is a very fine place. In a section of the city we were taken to "The Old Village" which is built up of very old houses, streets, shops, etc., which have been transplanted from various parts of the country and is maintained just as the people lived three and four centuries ago. The watchmaker's shop is there, also the old china shop; the old cobble stones, too, in the street and the quaint old street-lamps. There are bicycles by the hundred in Copenhagen. They have a special path. In order to save time the remainder of my trip to Europe was done by air. I now consider myself a real airminded traveller! Perhaps one misses scenery—in fine weather—but it is certainly a convenient comfortable mode of travelling. On the Royal Dutch Airlines we received a sample of Holland gin and on the Swiss Air Line we received Swiss chocolate which was a real treat.

HOLLAND

The view of Holland by air was fascinating—the numerous canals and bridges, windmills, the Zuider Zee—all held me spellbound. The country being so flat we were able to fly quite low.

Visiting the Museum in Amsterdam and seeing the works of some of the great masters was a fascinating experience. I lingered as long as I could. A boat trip through dozens of narrow canals and under as many bridges was most interesting. On the banks of canals are many ancient and prominent houses. One old house, I remember being told, had its foundation right in the canal! Boats sailed up and down the canals just like our automobiles drive on the streets. Some of the streets are so narrow that pedestrians only are allowed.

The sea at The Hague held a particular interest for me, especially in the evening with a glorious sunset. I saw the famous "Dutch Fisher-wives" in their picturesque quaint costume. Everyone in Holland, I was told, has a garden of some size and kind. Such profusion of roses I have never seen before! There are window-boxes and flowers everywhere. The little Dutch student nurses with their short veils, neat and trim, made a very pretty picture for my camera. I talked with a young student in the dining-room of the hospital where I was a guest, and asked her how old she was when she went in training. She said, "I was only eighteen, but that is much too young. Your mind and your body are not grown up enough." The young student's spontaneous reaction to the entrance age question interested me.

BELGIUM

A brief visit to Brussels, with its fine old architecture, was most interesting. A car drive through an avenue of trees, meeting in an arch overhead—miles and miles long, it seemed unending. The evening sun shining through the trees was most sublime. I was privileged to be a guest at the Edith Cavell Institute, which is the hospital that Edith Cavell founded. The spirit of devotion to Edith Cavell and her hospital is very fine indeed. It is not a large institution but is modern and up-to-date in equipment. The Belgian people are most hospitable. I was specially interested in the residences of student nurses at the various places I visited. Many of them have the sitting-room type of bedroom, with wash-basin in the room somewhat concealed and separate. I found that many of the nurses' caps were made and worn in such a way as to preserve the hygienic aspect, with the hair tucked in under at the back and showing only a little at the front—not always acceptable by the student nurses, I learned, but very neat indeed.

Dutch Student Nurses

SWITZERLAND

The trip by air to Switzerland was another treat. The mountains, glaciers, and lakes clearly showed which country we were in. A small country, the electric trains help to keep it very clean. The Swiss national costume worn on festive days and Sundays fascinated me a great deal.

I should mention breakfast on the Continent which consisted of hot chocolate or coffee, rolls, butter and jam. In summertime it was a change from our conventional toast, marmalade, fruit, cereal, bacon and/or eggs.

In the heart of large cities like Zurich and Geneva, there were lakes and mountains in sight. Lucerne and Interlaken held me spellbound and I was most reluctant to leave. I visited La Source Hospital in Lausanne, which is the oldest training school in the world, celebrating this year their ninetieth anniversary. It is a small school but, having spent some years in a small school, these have a particular attraction for me. The student nurses were particularly interesting to talk with. They wanted to know what student nurses were like in Canada! They were quite happy to pass by my camera for a picture to show the student nurses at home. One of the head nurses whom I had met in Stockholm made me most welcome and seemed very happy that I chose to visit them and their hospital.

Students at La Source Hospital

While most people I met in the different countries spoke English, my few words of French came in very useful in Belgium and Switzerland and I only wished that I had known more French. People are always so much more interesting if you can speak a little of their language.

Switzerland was immaculately neat and clean everywhere. There were such quaint little old churches and houses.

BRITAIN

Back to London by air, a pleasant uneventful trip—I cast my eyes back longingly at the countries I was leaving, promising myself that I should return again. Nevertheless the white cliffs of Dover looked most inviting from the air and there is always a particular warmth about returning to one's native country. In London for one week, I was a guest at The London Hospital, where six nurses, who were taking the London course, were made most comfortable and welcome. During this week, arranged by the National Council of Nurses of Great Britain and Northern Ireland, we had most interesting visits and talks by outstanding authorities on the National Health Service, nursing recruitment and publicity, and other phases of nursing. Visits to hospitals both old and newer proved very interesting. Everywhere we were most warmly received and welcomed and, in spite of rationing, tea and refreshments were always being served!

Social highlights of this week included a very fine luncheon given by the London County Council, another one by the Ministry of Labor, a reception at the Royal Empire Society given by the Government where we met the Rt. Hon. Aneurin Bevan, M.P., Minister of Health. Attending a debate in the Houses of Parliament, where the housing problem was being thoroughly discussed, proved most interesting. There were about fifty nurses taking this course, the largest number coming from Australia. The recruitment program for student nurses is very active and is bringing results.

The most important function of the week to the visiting nurses was a reception given at the English-speaking Union by the National Council of Nurses, at which our beloved Queen Elizabeth was present. No picture or photograph portrays her as we saw her in all her beauty and charm. I think her voice and manner, next to her beauty and charm, impressed us most of all. Presented with a lovely bouquet of pale pink roses by the youngest Australian nurse present, she chatted freely among the nurses as she met the groups from the different countries. We shall always remember her as we saw her at that time. The night before about midnight, had you peeked, you would have found some of us pressing our best silk dress for this important occasion, getting every tiny wrinkle out, and almost afraid to sit down in the taxi for fear of crushing our dress for "The Queen!"

The week concluded with a visit to Windsor Castle. It was a very full and most interesting week. As a group we were very sorry to break up and leave.

It was my great pleasure to meet the oldest living Queen's Nurse—Miss Shalders—in her eighty-ninth year. She promised me when I wrote, if I came in the early afternoon, she would have a good tea for me, and she did! A friend of Florence Nightingale's, her mind is as keen today as it was then. Physically she is very well indeed, and said that she ought not to have stopped nursing at seventy!

The remainder of my time in Britain was spent visiting friends who seemed very happy to meet someone from another country. I was told that our visits stimulated them immeasurably. We truly saw what the war has done to these people and their countries.

A two-day visit by air to Belfast where we saw the beautiful quite new Houses of Parliament at Stormont. Here the interior consisted of fine oak carved furniture, cream-colored Irish marble, and walls of Irish damask in cream color! A bus trip to the Giant's Causeway was very interesting.

No visit to Scotland is complete without a day in Edinburgh and seeing the National War Memorial. There is a little cemetery there where dogs of soldiers are buried with tiny tombstones showing such names as Tiny Tim, Scamp, and Yum Yum. It is kept in good order with flowers.

The day of departure came at last. Due to weather conditions we were delayed somewhat and were obliged to come home via Iceland where we had breakfast at 4:30 a.m., lunched at Gander, and were in Montreal at 2:00 p.m. in the midst of a heat wave!

Meeting people of so many different countries cannot help but give one a much better understanding of their problems, many of them as a result of the war. It also gives one a keener appreciation for their own country.

Having crossed the Atlantic by air, I now hold a certificate with a large red seal, declaring me to be a full-fledged member of "The Winged Order of Pond Hoppers."

Plant Hormones

The production of seedless fruits is an attractive possibility. In the past, horticulturists have developed seedless strains by plant breeding. Fitting (*vide sup*) was the first to show that it is possible to set fruit without pollination. Since then a number of chemicals and species have been experimented with. Tomatoes show the most favorable results and are the only seedless fruit in commercial production. A mixture of indolebutyric and naphthoxyacetic acids is usually used for this purpose. The yield of field grown tomatoes has been increased about one-third by the use of these hormones. This increase is primarily because of the setting of fruit on the early blossoms which are usually lost under normal growing conditions. Pollination of hot-house tomatoes, where there are no insects to serve as pollen carriers, was formerly done by shaking the plants. Hormone treatment has largely superseded this method. A recent investigation has shown that the hormone—produced seedless tomato has a lower content of vitamin C. Other successful seedless fruits include buttercup squash, egg-plant, pumpkin, strawberry, and summer squash. Incidentally, seedless watermelons are not feasible since, although technically seedless, the heavy seed coat remains.

— Nutritional Observatory

The Irish have a word for a patient who is not doing so well: "He is disimproved."

Public Health Nursing

Rheumatic Fever and the School Child

GEORGE M. WHEATLEY, M.D.

Average reading time — 9 min. 12 sec.

THIS JOINT REPORT of the Committees on School Health and Rheumatic Fever of the American Academy of Pediatrics has been prepared as a guide to school authorities in determining what can be done about this disease through the schools.

The school occupies a unique position in relation to rheumatic fever control. Rheumatic fever causes more deaths than any other disease in children of school age. A first attack usually occurs in children at the age when they are in the first or second grade and recurrences are most common up to the age when children are leaving high school. The insidious onset of so many cases during the school years suggests that teachers and others in daily contact with school children should be aware of early signs and symptoms which may mean acute rheumatic fever.

The periodic school health examination, when done hastily without removal of clothing, may miss children with rheumatic heart disease. On the other hand, children may be labeled with the diagnosis of a rheumatic heart because a heart murmur was wrongly interpreted. This serves to emphasize the opportunities as well as the difficulties of discovering rheumatic fever and rheumatic heart disease in school children.

IMPROVEMENT OF SCHOOL MEDICAL PROCEDURES

The American Academy of Pediatrics believes the problem of what to do about rheumatic fever through the schools is an integral part of what should be done about the health of all school children. The following recommendations, while pointed towards case-finding and health supervision of the rheumatic child, will, if applied, lead to better health service for all school children.

The periodic school medical examination should be improved:

1. By obtaining a health history of the child from the parent and the teacher, if possible, at the time of the child's examination.
2. By being performed without haste and with the child disrobed.
3. By the employment of physicians trained in pediatrics, if possible. Where this is not feasible, arrangements should be made for giving physicians, who make school medical examinations, additional clinical training in normal child growth and development as well as in children's medical problems, including rheumatic fever and heart disease.
4. By allowing time for the physicians to plan with the nurse and parent for medical attention. The examination is then more likely to be of greater aid in getting medical care for school children who need it.

The follow-up activities of the nurse should be to see that the children in need of medical attention are referred to physicians and that every effort is made to have needed care given. Special health and welfare resources in the community should, if necessary, be brought to the attention of the family and the child's physician.

Nurses and teachers should be more alert to substandard health in

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all school children. School absence, due to illness or vague disorders, if investigated, may disclose early cases of acute rheumatic fever. In order to make use of the school's daily contact with the child, there should be daily observation of pupils for signs and symptoms suggestive of substandard health. Among these signs and conditions, which should bring children to the attention of the teacher or parent, are:

> Failure to gain weight, pallor, poor appetite, fatigue, frequent colds and sore throats, tonsil and adenoid operations (because it may indicate previous sore throats), scarlet fever or any known streptococcal infection, unexplained nose bleeds, unexplained fever, pains in arms, legs and joints, unusual restlessness, irritability, twitching or jerky motions, history of previous rheumatic fever, behavior and personality changes, decreasing accomplishments in school by a child who has previously done well.

Children reported by the teacher as showing evidence of substandard health should be medically reviewed by the school nurse or physician to select children who need further medical investigation. A personal interview by the school physician or nurse with parents, either in school or through a home visit, is recommended to emphasize the need for further medical attention for the child through the physician of the family's choice.

Schools have tended to place too much emphasis on the finding of a heart murmur in the child. This has resulted many times in needlessly restricting the child's physical activities.

Relatively few rheumatic children attending regular school in the intervals between attacks need to have their physical activity restricted. In a group of 1,000 rheumatic children seen ten years after they first came under observation, 783 were alive and, of these, more than 80 per cent were able to lead normal active lives except in competitive sports. More than half were able to engage in competitive sports.

PREPARATION OF TEACHERS IN HEALTH GUIDANCE

Teachers should know more about children's health problems, including rheumatic fever. Not only should they be able to recognize children with signs and symptoms of substandard health, but also they should realize the importance of protecting children, especially the rheumatic child, from respiratory infections. Children with early signs of upper respiratory infections should be encouraged to stay home. Health education is especially important for the rheumatic child because the chronic nature of the disease requires, as in tuberculosis, that the susceptible individual learn the special importance of good hygiene. Preparation in health guidance should be given both to teachers in training and to teachers in service.

RHEUMATIC FEVER DIAGNOSTIC SERVICE

Because of the difficulty of diagnosing rheumatic fever and rheumatic heart disease, and especially the important point of determining whether or not the process is active, special diagnostic facilities should be available to all physicians, including school physicians, who may advise parents concerning care of children with possible, potential, or definite rheumatic heart disease. Diagnostic facilities should have the approval of local medical societies. The consulting specialist in rheumatic fever should have electrocardiographic, fluoroscopic, and other necessary laboratory facilities. Every effort should be made to bring this diagnostic service to the attention of physicians who take care of school children. A complete report of the specialist's examination should be sent to all physicians concerned with the care of the child.

The purpose of this service is not only to diagnose rheumatic fever and rheumatic heart disease and to make recommendations as to the health and educational services needed by the child, but also to screen out those children who have heart murmurs but who do not have organic heart disease. It is also useful in regard to placement and removal of children in special schools and classes for the handicapped.

Co-operation with Community Health and Welfare Agencies

Adequate health services for school children call for close working relationships between medical, public health, social welfare, and educational authorities. The school can improve its services to children by utilizing, at every opportunity, community resources—for example, the use of the clinical teachers of a local medical school to give courses to school physicians, the use of laboratory and clinic services of community hospitals for diagnostic and consultation service, the provision of home or hospital education for children who are bedridden, communication with welfare authorities concerning inadequacies in the home environment. These services should be made available to all, but without waste of professional services and of public funds. Close co-operation between the physician, family, school, and other community health and welfare resources is essential.

Recommendations

The school gives an unusual opportunity to attack rheumatic fever. Certain improvements in school health services are needed to make the best use of this opportunity. These recommendations of the Academy will not only be a better approach to rheumatic fever but to other health problems of children. The alertness of teachers and school nurses can bring to medical attention children with signs and symptoms suggestive of rheumatic fever whose condition might otherwise be overlooked. It is also an opportunity through periodic medical examinations to discover unrecognized damage to the heart and to keep under medical supervision known cases of the disease and to make family studies of rheumatic children. It is an opportunity to teach the principles of healthful living to children who have the disease or who are susceptible.

To aid school health authorities to develop a more rational approach in the control of the disease, the Committes on School Health and Rheumatic Fever of the American Academy of Pediatrics recommended: (1) that the school medical examination be improved to aid in more accurate recognition and supervision of rheumatic children; (2) that more emphasis be placed on referral by teachers and nurses of pupils believed to be below-par for medical review; (3) that less emphasis be placed on restricting the physical activity of rheumatic children and more attention given to daily observation of pupils for signs or conditions suggestive of rheumatic disease; (4) that there be available, to school health services and the practitioners, diagnostic and consultation services to establish diagnosis; (5) that these services be developed in co-operation with, and by utilization of, existing medical and public health resources in the community.

Discarded Uniforms

The Canadian Save the Children Fund is making an appeal for the uniforms you figure are worn out or are too small for you or are not the style you want to wear these days. White ones, blue ones, pink ones, grey ones—any size or cut will be put to good use in some of the countries where the last *new* uniforms were purchased perhaps ten years ago.

We know that many nurses can find at least one or two uniforms, including dress, aprons, and bibs if you wore them, which they could share. Fold them up and mail them to:

C.S.C.F. National Clothing Depot
21 Lombard Street
Toronto 1, Ontario.

Though the demand is great right now, it is a continuing demand. So if you have none to spare right away, keep this address handy.

Institutional Nursing

A Reading Habits Improvement Course

GEORGE W. CHIDLEY, B.A., B.Ed.

Average reading time — 18 min. 36 sec.

AN OVERVIEW OF THE COURSE

DURING the first three months of 1948, fifty-five student nurses in a Winnipeg hospital took a course to improve their reading habits. The course was an experimental one, and careful evaluation of the results was made to guide the future educational policy of the institution. This course was given to the students in order that the benefits derived might be of use to them throughout the three years' duration of their training.

Classes were limited to one hour a week through eight weeks. Two and a half classes out of the eight were used for testing, with the balance of time given over to study. The study periods were each divided about equally between silent study and instruction, with discussion prominent in the latter part of the class.

Standard reading tests were administered at the beginning and conclusion of the course and the scores used to evaluate the students' progress. A mental maturity test was made to discover any possible relation that might exist between native ability and improvement resulting from the course.

Considerable variation in intelligence had been revealed in the mental maturity test taken by these students and use was made of this fact in the selection of a work-book for the course. To provide material for the range of intelligence disclosed, a work-book of Grade 7 level was selected. Achievement, however, was estimated on Grade 13 percentile ranking, considered a fair one for students with Grade 11 or 12 standing.

Methods used included the lecture and group discussion. Fully half the time was devoted to practice work. The instructor drew on her teaching and library experience in organizing the course, and in part on a recent standard study. Progress charts were kept by the students to aid in self-appraisal of progress.

Work-book, reference, and tests used were selected by the instructor, Miss E. Nadine Lush who, in her official capacity as psychologist for the Winnipeg Child Guidance Clinic and on an earlier foundation of experience in teaching library work, was fully competent to judge of their merits.

READING IMPROVEMENT STUDY PROGRAM

Care was taken in class work to conduct study in a manner that would be reflected in the students' courses. This meant that attention had to be directed to textbook study. Attention was drawn first to the proper approach to a new text. The place and value of the title page, preface, and table of contents was brought out. The students were taught to use the author's organization of the book to locate any portion of the text desired. In this respect considerable attention was given to index study, in which the preliminary reading test had revealed a general weakness on the part of the students.

When the students had gained a working knowledge of the use of the index they were taught the values of other textbook features, including the lists of illustrations, maps, tables, charts, and the like, and were instructed in the use of appendices and bibliographies for access to materials beyond the actual text and for checking on the accuracy of the author's statements.

Library procedure, particularly the use of the Dewey Decimal index system, was dealt with early in the course as a valuable aid to the student in locating supplementary materials. The object of this material was that the students be trained to find readily by title, author, or topic, any information they desired.

The instructor used as a guide and reference in the study habits the work "Effective Study$_5$," a book designed especially for this type of course. Dealt with first was the use of textbook clues. This included the use of section headings, topic or summary sentences in the paragraph, italicized material, charts, diagrams, maps, tables, or other visual representations of magnitudes. The students were directed to detect cue phrases and typographical clues such as "three kinds," "four causes," "lastly," "firstly," and others, and to make these a basis for mental organization of study material.

The relation of class lectures to the text was developed. Methods of analysis and summarizing lectures with a view to relating them to text material were presented. The importance of observing the lecturer's emphases and relating them to textbook material was brought out.

Examination procedure was considered an aspect of textbook study since the examination was often based on the major phases of text information and since the student was evaluated largely by her ability to write an examination. Students were directed to note the type of examinations commonly used: Were they definitions, problems, lists, or questions based on judgment? Were the sources of answer material in textbooks, laboratory books, or in class lectures? Did they correspond to textbook or lecture headings? Undue emphasis was not awarded to preparation for examinations, but some attention was required for this phase of evaluation so widely used today.

The actual conning of the textbook was the next topic in the course. At this point Francis P. Robinson's work "Effective Study" was again resorted to as an instructor's guide. The student's starting-point in her text study is a preview of chapter headings or of the table of contents for its overview value. This provides an outline or framework on which detail may be hung and is an adaptation of the inductive method.

The student should use the question or problem method of approach. Robinson stresses strongly the value of the previous question for effective study. The questions may be variously derived. Sometimes the teacher provides them. Often the text supplies, at the end of the chapter, a list of questions whose answers or solutions cover most of the text substance. If these sources do not provide questions then the student may make up some of her own. She may best frame these from the headings used in the text, and usually all that is required is the change from the assertive to the interrogative sentence construction.

Obviously it is not enough for the student to discern the gist of her text. She must commit it to memory and ordinarily this cannot be done in one perusal. Accordingly, she must make notes. Robinson recommends that this note-taking differ from the kind commonly practised. Usually note-making or summarizing involves some compositional effort which distracts the attention. He advises that simple underlining be the first effort toward isolation of important or basic material. Then, since such underlining is often too profuse, written notes may be made by the student. These written notes should be reduced to headings and sub-headings chiefly, to avoid the distraction of composition. They should be made from memory after the study unit has been conned.

Illustrative and practice materials were introduced into the classes for approximately half the period. It was a cardinal point in the course that studying and effective reading should be learned by practice. The work-book formed the major part of this material for practice.

The effectiveness of study is directly proportional to the student's retention, and the reading habits improvement course took cognizance of this principle. Robinson states: "A study of those people who tend to remember the most indicates that the prime factor in this superiority is not endowed superiority of memory but learned skills and attitudes." The three primary methods of attack to be discussed in the sections which follow are: interest, recitation, and distributed learning.

Forgetting is a paramount obstacle to effective study and must be offset by adequate study habits. One habit of value in this regard is that of selecting salient material and making a definite attempt to commit it to memory. The interest element in memory is of prime importance as may be learned from common observation. Hence it is important that the teacher make material as interesting as possible, and that the student herself attempt to make the material interesting through comprehension.

One of the most important aids to study was stressed at this point in the course—the recitation. Robinson cites convincing evidence of the value of practising recall, and, as will be explained later in this paper, a special adaptation of workbook material was provided to make full use of the recitation. The recitation referred to in this course should not be identified with the older verbatim and often unintelligible class procedure of an earlier pedagogical day. Rather it refers to the recall of meaningful studied material. In the formation of good reading and good study habits the student learns to practise self-recitation as an aid to retention. She must learn, too, that this recitation should be carried out immediately after her first study, since experimental evidence has established the importance of the briefest possible time interval between study and recitation.

The recitation technique should be as simple and as brief as possible. The students should jot down headings or key phrases instead of a compositional summary. The recitation should be written rather than oral, for, in this way, the student can check with her text to discover forgotten or unlearned points.

A list of questions may be an excellent basis for recitation. The student attempts to answer a carefully compiled list of questions whose answers make a summary of the lesson.

The value of distributed learning was emphasized. Study periods should not be long and the lesson unit should be brief. Rather than read a unit five times at the one sitting it is preferable to read the section once at each of five brief sittings. There must be the optimum interval between readings and Robinson found this to be three hours. For this course Robinson's findings were accepted as valid and included in the study recommendations of the reading improvements course.

The foregoing discussion has considered individually the elements of effective study. These elements and principles were collected and combined by Robinson into a study technique which he designated the "Survey Q3R Method." This method was adopted in the nurses' reading habits improvement course.

THE SURVEY Q3R METHOD

The term "Survey Q3R" is simply a mnemonic contraction of the initials of the five steps of the method. The "Survey" is the first step. The "Q" stands for the question, and the "3R" indicates the last three steps: reading, recitation, review.

Too often, the student, left to herself, reads and re-reads her study unit in a desultory manner. The reading is all too often a passive process since it involves a single undirected activity. It evokes a minimum of attention and, through lack of motivation and variety, an inattentive attitude results.

With the Survey Q3R method the

student begins with a brief survey of the chapter findings. She may glance at the summary paragraph if the text contains one. This part of the method is brief, taking up no more than a few minutes, but its orientative value is considerable.

Next, the student formulates her question from the first heading. This requires conscious effort and gives the student a critical and alert approach to her reading. She proceeds with the reading, which is now no mere passive scanning but an active selection or rejection of material. When the section under the first heading has been read, the student recites the answer to her question, preferably a written recitation. She may exemplify her answer for a better recitation. Should the student find that she cannot answer the question satisfactorily then she should re-read the section and follow it with a second recitation.

The same procedure is carried out with each section and the recitations should be written consecutively so that they will form a summary of the whole lesson. This concluded, the student attempts to review, either orally or in writing, first the main points and then the main points with their subordinations. Robinson points out that this has the additional value of preparing for examinations since the whole method is a question-and-answer procedure which is simply a form of self-examination. Exception should not be taken to this method as one that aims exclusively at examination preparation, since the method is really based on the premise that attention is the first requisite of good reading, and that the question-and-answer method satisfies this requirement.

Concerning the recitation which is productive of notes or summaries, Robinson has an added word. The notes, he states, should be made in a manner conducive to the stimulation of conscious effort. Always they should be made from memory, and always after the perusal of a section. The student should express them in her own words, for mere transcription reduces mental turnover, tends to diminish understanding, and favors verbal learning. This principle of practising recall was incorporated into the student's use of the workbook, which will be dealt with in the next section.

THE WORKBOOK

Six of the eight lessons included the study of work-book exercises. The work-book selected was "Reading for Meaning$_3$." As explained earlier, the seventh book of the series was selected because it would provide material within the wide range of intelligence disclosed to exist in this class of student nurses. Percentiles were estimated on an adult (Grade 13) basis.

A teacher's manual accompanies the work-book and the directions were followed generally with the nurses' class. An exception was made in the exercises, to favor the Survey Q3R method. The manual provided that the student should be permitted continual perusal of the text while answering six exercises. The procedure adopted required the students to put away the text for five of the six exercises. The single exercise which could not reasonably be done without reference to the text was that which called for the matching of synonyms with underlined words. The student had to refer to the text for the words there underlined.

The work-book contains 24 study units and 2 preliminary study units with which the instructor demonstrated the use of the book. Each unit has a reading selection approximately 200 to 300 words in length, to be used as a basis for study practice. A number of words in the reading selection are underlined for study purposes. This reading material is followed by brief directions concerning the setting down of work.

The first exercise after each reading is called "Getting Word Meanings." It consists of groups of two or three synonyms and the student is required to write the underlined word most nearly corresponding to the synonyms. This exercise was done with the student scanning the study unit but the other exercises were done from memory.

The next exercise required the selection of the most appropriate title. This is similar to the Survey Q3R method of finding the answer to a question. The student must consult her memory of the text material and is aided in this by four titles suggested in the exercise, one of which is appropriate.

The student is next required to pick out the main thought of the unit and again there are four suggestions from which she must choose. When she has made her selection she is required to select details. The unit contains eight statements and the student is asked to state whether they are correct, incorrect, or unascertainable from the text. It may be noted that the progression from the general to the particular, in this case from the main idea to the details, follows the Q3R method.

Following the selection of detail the student is required to make a partial outline of the reading content. This corresponds to the recitation of the Survey Q3R plan. This exercise asks for selection of headings, of which ten are given. All ten are not relevant and the student must choose from among them.

The final exercise is obviously intended to provide a unity of impression to correct the dissection of the earlier exercises. Under the heading "Drawing Conclusions" are four statements, two of which are conclusions which may logically be drawn from the reading. The student must select the two permissible conclusions. It will be remembered that the Q3R method required of the student an attempt to gain a unified impression by going over the total notes of a chapter. The work-book exercises finish up similarly, for the student must con her memory of the whole selection to draw the required conclusion.

As may be imagined, the work-book exercises would form a new experience for the average student and it would be unwise to plunge her into them without preparation. The preparatory demonstration exercises in the work-book were designed to ease the student into her new course, and the student nurses were introduced to their work-book through the medium of the demonstration units.

Reading rate was not included in the normal work-book procedure, but the course with the student nurses took note of reading rate and attempted to stimulate faster, as well as better reading. The instructor wrote the time in seconds on the black-board at five-second intervals, and the students would jot down the last figure at the conclusion of their reading, as an approximation of elapsed reading time.

The whole of the eight lessons could not be devoted to work-book study. As noted, two periods were used for testing intelligence and reading. The last class was divided between work-book study and a discussion of the results of the second reading test.

Although each class lasted an hour, the work-book was used for only half the period. The remaining portion of the time was given over to other phases of study—library study, the Q3R method, and other aids to reading. This division of time provided for variety and interest.

With the administration of the second test in reading and its discussion, the course came to an end. The instructor proceeded to evaluate the effectiveness of the course and the test results with the findings based thereon are presented.

TESTS AND FINDINGS

As indicated earlier, the reading habits improvement course was experimental. To assay its value, testing was carried out. The first test was the A.C.E.,[1] psychological examination. This test yielded the students' intelligence percentile ranking. The object of the intelligence ranking was to discover if any relation existed between native intelligence and improvement in reading, and if the whole group profited by the course.

Reading ability of the students was tested before and after the course. Tests administered were equivalent forms of the Iowa Silent Reading Tests[2]. There are eight sections into which the test was divided: rate-comprehension, directed reading, poetry comprehension, word meaning, sentence meaning, paragraph comprehension, use of the index, selection of key words.

Most significant was the comparison of the two reading tests which indicated that decided gains had been made by the student nurses in most of the sections of the test. The standing in Paragraph Comprehension remained unchanged. Possibly the best single figure to indicate the progress effected by the course was the gain in the median percentile from 50 to 67, a 34 per cent gain, indicating a substantial general improvement in reading.

To measure the rise in relative reading abilities the students were arranged in order of original reading ability and an average made of the gains in each third. The figures for the gains were:

Uppermost third	gain 28.2 percentiles
Middle third	gain 17.3 percentiles
Lowest third	gain 16.3 percentiles

This would indicate that those who were originally the best readers had gained the most and this is true if we consider absolute gains. However, when relative gains are estimated a different picture appears. The mean original reading percentiles of these thirds were respectively 94th, 73rd, and 44th. Taking the relative gains we get the following:

Gain by the uppermost third	30%
Gain by the middle third	24%
Gain by the lowest third	37%

This shows that the poorest readers had made the greatest gain if we compare their original and later reading abilities. Again we find, as in the earlier figures, a slight advantage to the slower students.

Summarizing, we may conclude that the students had made sufficient improvement to justify the time given to the course. The rise of the student percentile was substantial, and this percentage can be slightly bettered if calculations are based on the mean instead of the median, in which case the rise is from 49 to 70. The distribution of the improvement is very satisfactory, the slower students doing very well in this respect. The tendency of the course to level off, to make reading ability correspond with intelligence, was only a slight one and its significance is little.

The value of the course may be considered to have been established. Its value might have been greater had it been longer and had its classes been given earlier in the day. The actual value of the test could be best learned if it were known to what extent the principles of reading and studying were transferred to the regular training courses, but this would be extremely difficult to measure. A comparative figure might be made by comparing the results of examinations of this group of student nurses with those of similar groups of other years. The findings would carry little validity because of the influence of extraneous factors—calibre of student material, changing courses, changing times or study periods allotted to courses, changing teaching personnel, variability of examinations, and the like.

Despite this difficulty of making a test in the students' other work, there is every indication that such a test would prove the value of the course, and there is equal indication that this same course could be given to advantage to all nursing students.

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Private Duty Nursing

Nightingale Memorial Service

SISTER MARY GRACE

Average reading time — 6 min. 12 sec.

"Blessed are the merciful, for they shall obtain mercy." (*Matt. 5:7*)

One of the finest things a human being can do is to relieve the sufferings of others. Men have accomplished many great things in the way of progress and culture: but there are no greater works than these of mercy. To soothe a pain-racked body, to comfort a distracted spirit, to wipe away a single tear—these are things that cannot be measured by earthly standards. It may take great brains to run this world of ours, but only great hearts can make it fit to live in.

One of the grandest qualities of the human soul is the virtue called sympathy. Sympathy means to suffer with others. A sympathetic person feels the sufferings of others as if they were his own. He does works of mercy, not for applause or publicity, but because there is a feeling in his soul that will not let him do anything else. He is like the Saviour: he cannot bear the sight of suffering. It is wonderful to know that there is such a thing as sympathy in this selfish world of ours; that there are people who are not deaf to the cries of the poor and needy, but who make it their business to relieve pain even as the Master did.

Some of the greatest angels of mercy the world has ever known are to be found in the ranks of the nursing profession. The nurse is the doctor's skilled helper. She is trained in every branch of nursing; she learns to help the doctor in every line of medical work. But if she is a real nurse she is much more than a trained helper. A real nurse is a real woman, with the great, generous heart of a woman. It is not ambition that carries her along, it is not the desire of promotion or reward: it is the sympathy of a Christian woman who feels suffering as the Master did. The real nurse is utterly devoted to the noble cause she serves: she is given, body and soul, to the task of helping others.

Today men and women the world over honor the memory of Florence Nightingale. And rightly so, for she was one of the great benefactors of the human race. She was not the first nurse that ever lived; she was not the first woman to do works of mercy. Women have been doing these things since the world began, and some religious communities have had hospitals and nurses for hundreds of years. But before Florence Nightingale there was no nursing profession, properly so-called. The women of the world had not been drawn into the work. That was the great achievement of Florence Nightingale. She was the great crusader—the organizing genius who made the nursing profession what it is today. Wherever there is danger, or sickness, or suffering in the world, there we find the trained nurse: in hospitals and clinics—in the slums of the great cities—on the field of battle—in jungles and far-away missions—on the land, on the sea, and in the air, the busy nurse is always at her post.

It was not so a century ago. There were hospitals and nurses at that time, but not the mighty organization we know today. It was Florence Nightingale who conceived the great idea, who laid the groundwork, set the rules, and established the tradition. Under her leadership nursing became a scientific, systematic organization: it became a profession, only a little less important than the profession of medicine itself. And she made it more than that: she made it an international movement, a world-wide crusade among women of goodwill to fight sickness, suffering, and misery wherever they should be found. It was not an easy task. She had to fight all the forces of prejudice, ignorance and ill-will, but she had the courage and endurance to persevere, to lay firmly and soundly the foundations of her great work.

Sr. M. Grace is superintendent of nurses at St. Mary's Hospital, Kitchener, Ont.

Florence Nightingale was a great Christian woman. Her standards were high; her aims were noble; her example was an inspiration to all. She is the type of generous, self-sacrificing womanhood that should be the model of every nurse. Glory and praise to the noble woman who has made the nurse what she is today. May her great work live forever!

The nursing profession is one of the grandest vocations ever conceived. The nurse is carrying on the work of the Mother of God, of Dorcas and Thecla, of Fabiola and Lucasta, of Elisabeth of Hungary and Frances of Rome, of Jeanne Mance and Mother Cabrini. In every act of her life she is glorifying the spiritual and corporal works of mercy that were commanded by the Saviour. Her calling has had a splendid past, is enjoying a very happy present, and will see a glorious future. And some day the voice of the Master will whisper in her ear: "Well done, good and faithful servant: enter thou into the joy of thy Lord."

In the Good Old Days

(*The Canadian Nurse, October, 1909*)

"In Scottish prisons each cell was provided with a nice picture, which was occasionally changed, and also a mirror, and . . . whatever else was smashed in the cell the mirror was never touched.

"The first wife of Pastor Fliedner (of Kaiserswerth fame) really began her work in the prison of Dusseldorf, and it was this work which brought her into contact with her future husband. When Kaiserswerth was first founded, hospital work was not thought of, only how to help fallen women and prisoners."

* * *

"It was often said that the work of the school nurse was not essentially the work of a highly trained nurse, because simple cleanliness was the most constant need in connection with school nursing. Miss H. L. Pearse contended that the maintenance of scrupulous cleanliness was certainly work worthy of the best endeavors of a highly-trained nurse. The foundation of good nursing was cleanliness, and on that it was the hope of the school nurses to build up a higher standard of health amongst the children . . . Now the nurse went into the school as part of the educational system to teach everything she could, to train the children in regard to the care of their own health, and to send them to their homes as little missionaries, hoping thereby to raise the standard in those homes as to attention and cleanliness."

* * *

"The need of scientific training for nurses should be more recognized as its importance was becoming greater day by day . . . Sufficient attention was not always paid to this part of a nurse's training; different schools had different standards, and there was no recognized portal of entrance to the nursing profession. The gain would be great if there were a recognized standard of knowledge required as in the case of other professions. Trouble did not arise from increased knowledge—danger lay rather in half knowledge. With a closer scientific relationship, a deeper sense of responsibility, greater confidence between doctors and nurses would develop."

* * *

"Miss Mulrooney, formerly head nurse in the Ottawa Isolation Hospital, has entered a suit for $2,000 damages against the Board of Health of Ottawa. Miss Mulrooney was head nurse of the scarlet fever ward and contracted diphtheria in the discharge of her duty. Her health has been seriously impaired."

* * *

"The Moncton General Hospital has held its first graduating exercises . . . Diplomas were presented to the first two graduates—Alena MacMaster and Lillian Barnes."

There's No Racial Difference

One old idea about blood dies hard. It is that there are differences in the blood of whites, Negroes, Chinese, and Hottentots. This is simply an old superstition and prejudice. So far as any blood experts can tell, there is not a whit of difference in the blood of healthy persons of any racial group or color. Blood given by a man or woman of one color or race won't give the recipient, of a different color or race, any of the donor's characteristics. Nor will blood from a cheerful person make a grouchy person any gayer.

Aux Infirmières Canadiennes-Françaises

Problèmes que Comporte la Vie d'une Elève Mal Orientée

Gisèle Desmarais

Lecture — 20 min. 12 sec.

Pour bien comprendre les problèmes que comporte la vie d'une élève mal orientée, il faut faire une mise au point du terme générique—"Bien orienté ou mal orienté." En théorie tout le monde connaît ces états de vie et les conséquences de ces comportements. Mais ce qu'on ne connaît pas en général, ce sont les causes de la mauvaise orientation et l'état psychique particulier de la personne qui vit d'une profession ou dans un état de vie qui n'est pas fait pour elle et aux exigences desquels elle ne peut répondre.

Le Seigneur de toute chose a créé, dans sa grande Sagesse, un monde immense et merveilleusement bien agencé. A chaque être humain, Il a donné des qualités particulières, différentes de celles des autres et correspondant à un état de vie particulier. Chacun se doit de mettre à la disposition de son Auteur les dons qu'il lui a départis afin que chaque chose soit ordonnée selon l'idée créatrice et que chaque être humain remplisse durant ses quelques années de vie terrestre le rôle qui lui a été départi de toute éternité.

Si chacun vivait sa vie, selon ses aptitudes, donnant son maximum de rendement et réalisant dans son être le but pour lequel il a été créé, le monde serait tout autre et plus heureux.

A mon avis, le premier point à considérer pour qu'un être humain vive pleinement sa vie, c'est de limiter son idéal à ses capacités de rendement et de le réaliser à tout prix.

Ainsi, si Hitler n'avait jamais été fuehrer, il n'y aurait pas eu de dernière grande guerre; si Staline n'était pas dirigeant de son pays, les peuples pourraient vivre en paix; si Monsieur Un, tel qui a plutôt des aptitudes de banquier, n'était pas médecin, tel malade ne serait pas mort; si Mlle X n'avait pas de diplôme d'infirmière, dix enfants de plus seraient peut-être nés en 1948, etc. . . Et, on pourrait poursuivre ainsi à l'infini. Mais revenons aux principales causes de mauvaise orientation concernant l'étudiante infirmière.

Combien de jeunes filles se présentent aux écoles d'infirmière pour y faire le cours sans connaître auparavant les exigences de cette profession? Elles connaissent les prospectus me direz-vous! Mais qu'y a-t-il sur ces prospectus? On y montre généralement en première page une jolie jeune fille habillée d'un bel uniforme blanc, bien propre à faire rêver les coeurs de vingt ans; on y parle du degré d'instruction nécessaire, des avantages accordés; tels que jours de congé, vacances, salles de classe, de récréation, salon, etc . . . Tout cela fascine la jeune aspirante mais elle ne sait pas voir entre les lignes—le rôle véritable qu'elle est appelée à jouer; rôle de dévouement, de bonté, de charité exigeant d'elle plus que l'idéal ordinaire; un idéal qui la consacre par l'abnégation à devenir en quelque sorte "ange gardien," de tous ceux qu'elle aura mission de soigner ou de soulager.

Alors voilà une jeune fille de dix-huit ans qui a terminé ses études depuis un an et qui désire se choisir une carrière honorable, répondant

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Mlle Desmarais est institutrice à l'Hôpital Ste-Justine, Montréal.

assez bien à ses qualités naturelles de dévouement. Son idéal est élevé alors—elle pense à devenir infirmière. Elle fait son admission, on constate qu'elle possède à peu près les qualités exigibles—bonne santé, physique convenable, instruction suffisante, conduite antérieure recommandable, et surtout beaucoup de bonnes dispositions.

Les premiers mois de probation s'écoulent sans incidents facheux, parce qu'avec le programme d'étude tel qu'organisé maintenant l'élève infirmière, durant les premiers quatre mois, vit presque continuellement à l'école, excepté peut-être une ou deux heures par jour qu'elle ira passer dans les services hospitaliers à observer ce qui s'y fait.

En réalité l'aspirante n'essaye ses ailles qu'au quatrième mois. C'est à cette période qu'elle peut réellement commencer son adaptation à la vie d'infirmière. Devant elle s'ouvre un nouveau champ d'action—elle prend ses responsabilités, elle a ses malades, son travail défini, son premier service de nuit, etc.

C'est à ce moment qu'elle commence à réaliser qu'être infirmière ce n'est pas seulement porter un uniforme blanc et se faire appeler "Garde." Non, elle voit qu'il y a beaucoup plus—il y a les fatigues, les exigences du malade, les autorités, la discipline, et combien d'autres choses. C'est souvent à ce moment que tombe l'enthousiasme des premiers jours; le voile se soulève et elle voit la vie de l'infirmière telle qu'elle est en réalité.

Pour elle deux réactions sont possibles. Elle accepte les devoirs, les charges, les responsabilités aussi bien que les consolations inhérentes à toute vie—alors elle s'adapte et devient une infirmière idéale. Ou bien elle s'étonne de trouver le devoir plus rude qu'elle ne croyait, les charges plus lourdes et les responsabilités toutes autres. Que fait-elle? Ou elle vit dans un état continuel de mésadaptation et poursuit quand même ses études et son travail. Ou elle perd courage et s'en va.

Pourquoi, dans le premier cas, l'étudiante infirmière persiste-t-elle si elle ne se sent pas à sa place? A cette question il peut y avoir tant de réponses: milieu familial difficile, insistance ou incompréhension des parents, crainte des reproches, indécision, besoin de faire sa vie coûte que coûte, orgeuil ou manque d'initiative, etc.

Une telle personne si mal orientée pourra-t-elle poursuivre longtemps ses études? Voyons quelques statistiques qui nous donneront elles-mêmes la réponse: Après recherche on a trouvé qu'environ 30 pour cent des jeunes filles admises quittent l'école avant la fin du cours—dont 9 pour cent durant le cours préliminaire, 15 pour cent en première, 5 pour cent en deuxième, et 1.5 pour cent en troisième année.

Les principales raisons des départs sont les suivantes: (1) Manque d'aptitudes intellectuelles et professionnelles; (2) mésadaptation; (3) études insuffisantes, négligences; (4) maladies.

Si on compare les échecs souvent causes départs, voici ce qu'on trouve:

Nombre					
Echecs		*Elèves*		*Q.I.*	*% des Echecs*
1	sur	1	:	75	100
1	"	1	:	80	100
1	"	2	:	85	50
4	"	4	:	90	100
2	"	3	:	95	66
7	"	10	:	100	70
15	"	21	:	105	71
6	"	17	:	110	35
11	"	30	:	115	36
7	"	23	:	120	30
6	"	21	:	125	28
2	"	12	:	130	17
2	"	5	:	135	40
2	"	7	:	140	28
1	"	2	:	145	
0	"	1	:	152	

On remarque que les échecs causés par une incapacité intellectuelle s'échelonne sur le graphique entre les cotes 80 à 125. Les échecs causés par une mésadaptation psychique s'échelonne entre 115 et 150. La dominante se retrouve à 120, mais le nombre des mésadaptées est plus considérable au-delà de 120. On compte 8 échecs en bas de 115 contre 23 entre 120 et 150. On note aussi 3 échecs causés par la maladie, 15 par paresse intellectuelle; ces derniers s'échelonnent sur les cotes de 115 et 145.

Si on considère le pourcentage des échecs comparativement au Q.I. on remarque qu'en bas de 95 de Q.I. le pourcentage des échecs se chiffre à 100 pour cent. Il demeure élevé à 70 pour cent jusqu'à 110 pour atteindre son minimum à 130. Il remonte légèrement pour les Q.I. supérieures ce qui s'explique par les mésadaptations plus fréquentes à ces niveaux et par le manque d'intérêt.

On peut déduire de ce tableau que le Q.I., s'il est un facteur nécessaire de succès, n'en est pas une garantie infaillible. En effet, comme le prouvent les expériences vécues, on trouvera des échecs avec un Q.I. de 150 et des succès avec des Q.I. de 100. Car il y a un deuxième facteur presqu'aussi important que le premier qui entre en ligne de compte pour assurer le succès ou occasionner l'échec — c'est l'équilibre psychique émotionnel qui facilitera l'adaptation.

Il est très intéressant au cours d'un examen d'orientation de rechercher l'adaptation antérieure de l'aspirante, car la jeune fille de vingt ans, qui est mal adaptée à la famille et à la société, sera presque toujours mal adaptée à la vie d'infirmière étudiante qui est en réalité une copie de la vie familiale et sociale.

Voici les principaux préjudices que lui causera son état de mauvaise orientation si elle continue ses études malgré les difficultés qui gravitent autour d'elle.

La mésadaptation psychique aura infailliblement une répercussion physique qui se manifestera généralement par une perte d'appétit, de l'insomnie, de l'amaigrissement, et de l'anémie. A cette défaillance physique succède généralement une défaillance mentale caractérisée par une humeur instable, de la distraction, et du négativisme.

L'infirmière mal orientée est sujette à developper des idées de valeur fausses: elle juge les autres à travers elle-même et ne peut comprendre le pourquoi de la conduite d'autrui. Peu à peu son idéal premier se voile, l'infirmière lui apparaît comme un être sacrifié, qu'on asservie à une tâche ingrate et inutile; elle perd la notion du juste et du vrai.

La discipline préétablie l'indispose et la soulève d'indignation. Elle se plaint à ses compagnes et à ses amies de l'incompréhension qu'elle croit rencontrer chez les autorités. Elle développe pour elle et ses compagnes un esprit critique destructif. Des insuccès aux études et au travail lui causent des déceptions successives qui ne font qu'accroître sa mésadaptation sociale. La poursuite du cours dans de telles conditions lui occasionne une perte de temps et d'argent. Car que lui rapportera pour l'avenir une expérience mal prise et des études mal faites?

Quel sera dans la vie le comportement d'une élève mal orientée qui fait des études, non parce qu'elle a une âme d'infirmière, mais pour toutes sortes de raisons secondaires qui l'obligent à poursuivre une carrière pour laquelle elle n'est pas faite? Je vous en laisse deviner la réponse.

Enfin un dernier préjudice que lui causera le fait de poursuivre un cours dans un état de mésadaptation continue sera le développement d'un complexe d'infériorité. En effet la jeune fille de vingt ans qui compare sans cesse ses insuccès aux succès des autres, son état d'âme malheureux à la quiétude de ses compagnes, et qui voit noir quand ses amies voient bleu ou rose, ne peut faire autrement que de réaliser son état différent et anormal et par le fait même de se sentir inférieure. Il vaudrait mieux pour elle qu'on lui fasse orienter sa vie dans un milieu qui lui convienne et où elle trouverait des succès proportionnés à ses propres forces.

L'école subira infailliblement la répercussion de la mauvaise orientation de l'élève. En effet la mauvaise adaptation de celle-ci l'entraînera probablement à une indiscipline qui pourrait se propager au groupe.

Avez-vous déjà remarqué la conduite d'une élève non intéressée aux cours? Quelle fois, elle feuillette un livre, passe un billet à la voisine, ou attire l'attention de ses compagnes en leur parlant ou riant. Son indiscipline cause donc un préjudice à l'entourage. Elle ne sera sûrement pas un exemple pour ses compagnes, si surtout elle est assez bien vue du groupe elle sèmera facilement l'esprit de critique destructif, entraînant les plus faibles à son exemple.

Sa présence à l'école sera une perte de temps pour l'institutrice qui s'efforcera sûrement de lui donner autant qu'à ses compagnes; son état mental s'adaptant mal à la situation présente et son manque d'intérêt nécessiteront des répétitions encourant une perte de temps pour le personnel enseignant et enseigné.

De plus l'élève mal orientée, n'ayant pas les qualités nécessaires à l'infirmière, soignant les malades par obligation et non par amour, diminuera infailliblement le prestige de l'école par sa conduite routinière et malhabile, par son manque de compréhension du malade, et souvent aussi par son manque de dévouement.

Dans bien des circonstances, elle pourra être une entrave au recrutement des élèves par une fausse publicité ou propagande, détruisant le prestige de l'institution où elle ne se sent pas heureuse. D'où vient en effet cette fausse idée, si répandue dans certains milieux, que l'infirmière est la jeune fille la plus à plaindre, la moins bien considérée et la moins libre? C'est que dans ces milieux, on n'a vu que le revers de la médaille présentée par quelques maladaptées.

Si on avait montré à ces mêmes personnes le beau côté de la vie de l'infirmière avec toutes ses consolations morales, on aurait peut être développé une autre idée de cette vie idéale et de nombreuses jeunes filles découragées par les perspectives sombres prendraient leur élan vers une carrière réellement lumineuse.

N'oublions pas que celle qui aime sa vie la fait aimer des autres—celle qui la déteste la fait aussi détester des autres. Si toutes nos élèves vivaient leur vie dans la joie et l'amour, elles feraient naître dans l'âme de leurs amies et jeunes parentes le désir de posséder le même bonheur et le recrutement des écoles en serait accru.

Une contre-indication très sérieuse sur laquelle j'insiste et qui, à mon avis, devrait être bien considérée avant l'admission de la jeune fille dans nos écoles d'infirmières, c'est la tendance au déséquilibre émotionnel ou à l'hyperémotivité excessive, défaut psychique qui fera que l'infirmière tôt ou tard devra discontinuer son cours ou quitter la profession.

Il est assez facile d'établir une Q.I., de déterminer le degré d'intra- ou d'extraversion, le type de personnalité d'un individu, mais il n'en est pas de même pour découvrir certain déséquilibre émotionnel habituellement subtil, fugace et très peu palpable, que la jeune fille intelligente cherche toujours à cacher. Car, généralement, la jeune fille de dix-huit à vingt ans, qui souffre de déséquilibre émotionnel, s'est déjà trouvée une réaction de couverture ou elle a adopté un mécanisme mental qui cache son véritable état psychique.

Ce manque d'équilibre émotionnel n'est pas toujours une contre-indication dans plusieurs cas. Si la jeune fille est intelligente et possède de la bonne volonté, elle pourra s'adapter mais avec l'aide d'un psychologue avisé et clairvoyant.

Voyons maintenant les préjudices causés par son départ avant la fin du cours tant pour elle-même, que pour l'école. La jeune fille qui, après quelques mois ou une ou deux années de cours, se voit dans l'obligation de discontinuer ses études, soit par maladie, incapacité intellectuelle, ou psychique, mésadaptation ou indiscipline, se trouve devant un nouveau problème d'adaptation qu'elle parviendra plus ou moins à surmonter selon qu'elle quittera de son plein gré ou que les circonstances défavorables pour elle l'obligeront à quitter même malgré elle.

Considérons d'abord, son état psychique à ce moment. Est-elle malade? Il y a pour elle l'inquiétude d'un avenir incertain. A-t-elle subie des échecs répétés? Elle se sent humiliée, déçue, souvent découragée, car elle avait fait un beau rêve qu'elle voit s'écrouler misérablement. Elle aimait soigner les malades, mais son degré intellectuel est insuffisant pour assimiler les études nécessaires à cette profession, alors elle se voit dans l'obligation de se rabattre sur un idéal moindre, sur un état de vie moins honorable.

Pour elle c'est sûrement une catastrophe! Elle poursuivra peut-être sa vie dans le soin des malades en travaillant comme aide-malade mais elle subira toujours l'amertume d'un idéal déçu après en avoir goûter les prémices.

Souffre-t-elle de déséquilibre émotionnel qui l'empêche de s'adapter au milieu ou à la discipline? Si oui, elle ne comprend pas la conduite des autres qu'elle juge injuste à son égard et ne réalise pas que la première en défaut c'est elle-même. Elle est peut-être à son deuxième ou troisième essaie dans différentes écoles, où elle retrouve toujours les mêmes obstacles.

Pour elle le problème de mésadaptation devient plus grave, car elle est infailliblement portée à la révolte contre toute autorité ou au découragement devant tout effort. Elle partira de l'école sans comprendre ses torts et en accusant les autres d'injustice ou d'incompréhension. Si de plus, elle est peu intelligente et elle se rabattra sur un idéal moindre se contentant de n'importe quoi pourvu qu'elle n'y rencontre pas d'obstacle.

Il est fort possible aussi qu'à la prochaine inscription dans les écoles d'infirmières elle aille faire son admission dans une autre école, s'exposant au même échec mais espérant toujours trouver un milieu répondant à ses exigences.

Est-elle renvoyée pour indiscipline ou conduite immorale? Elle partira révoltée prête à tout excepté à une vie plus rangée. Elle blâmera les autres excepté elle-même et refera sa vie par un travail qui lui laissera toute liberté morale.

Quelle que soit la raison du départ de l'infirmière après six mois, un an, deux ans, et même durant la troisième année, toujours la directrice devra considérer que celle qui est remerciée après avoir donné quelques années de sa vie à une oeuvre se sent lésée dans ses droits, révoltée devant les difficultées de la vie et doit faire face à un nouveau problème de mésadaptation. La directrice ne doit pas oublier non plus que la jeune fille, qui est congédiée d'une école, peut être très mal acceptée de sa famille—père, mère, ou tuteur—ce qui peut être pour elle une complication sérieuse à son problème actuel.

Si dès l'admission de l'élève, l'orientation ou la sélection est bien faite on évitera ces nombreux ennuis.

Voyons, comme dernier préjudice, la réaction du départ d'une infirmière sur les élèves du cours. La première réaction est souvent de réveiller un ennui latent et le désir inavoué du retour au foyer familial. On entend souvent dire à celles qui reste "comme elle est chanceuse de retourner chez elle." Suivent ensuite les commentaires sur les causes du départ; quelquefois, sans connaître les raisons exactes du renvoie, on blâme l'autorité et on plaint la malheureuse. S'en suit un esprit critique défavorable pour l'école et pour le groupe.

Alors pour remédier à tous ces ennuies et à d'autres non mentionnés ici, il faudrait à mon avis faire une sélection judicieuse dès l'arrivée des élèves. Cette sélection faite au moyen des tests mentaux, tests d'aptitudes, d'équilibre émotionnel, d'adaptation et complétée par des entrevues psychologiques, élimineraient dès le début les incapables, évitant à certaines jeunes filles la désillusion d'une nouvelle mésadaptation ou d'un idéal déçu.

Nous savons que, plus que toutes autres femmes, l'infirmière a besoin pour remplir son rôle social de posséder, en plus d'un Q.I. assez élevé, toutes les qualités de coeur nécessaires à cette vie de sacrifice et de dévouement.

Quoi qu'on en dise, on ne sera jamais trop exigent dans l'admission des élèves aux cours d'infirmières, si on veut éliminer les renvoies trop nombreux durant les trois années du cours et l'obligation pour de nombreuses filles de se réadapter à la vie.

Nursing Profiles

Alma Elizabeth Reid has been appointed director of the McMaster University School of Nursing, Hamilton, Ont. Born in Leeds, Que., Miss Reid graduated from the Toronto General Hospital in 1931. She received the Mary Agnes Snively special award upon graduation and later was the recipient of an alumnae scholarship for post-graduate study which took her to the University of Toronto School of Nursing where she secured her certificate in teaching and supervision in 1935. Last year she received her bachelor of arts from the same university.

Miss Reid's professional experience includes two years of general staff work, three years as instructor at the Cornwall General Hospital, four years as science instructor at the Toronto General Hospital. In 1942 she was appointed as lecturer with the University of Toronto School of Nursing, working chiefly in connection with the course in clinical supervision. During the past year she has been an instructor in the Yale School of Nursing, a move designed to increase her understanding of the broad aspects of nursing education.

Petrelle, New Haven

ALMA E. REID

Helen Marsh has been appointed superintendent of nurses at the Woodstock (Ont.) General Hospital. Born near Goderich, Ont., Miss Marsh graduated from the Woodstock hospital in 1945. She entered the nursing school at the University of Western Ontario and graduated with her degree in nursing (B.Sc.N.) in 1948. Last September she returned to her alma mater as science instructor, becoming acting superintendent last March. One of the youngest nursing superintendents in Canada, Miss Marsh enjoys reading and painting when her duties permit her time to indulge these pastimes.

HELEN MARSH

Hope (Munro) Mack has been appointed director of nurses at the Verdun Protestant Hospital, Montreal, where she has been assistant director for the past three years. Previously, Mrs. Mack had served for eleven years as superintendent of nurses at the Nova Scotia Sanatorium and two years as superintendent of the Blanchard-Fraser Memorial Hospital, both in Kentville, N.S. Mrs. Mack was president of the Registered Nurses' Association of Nova Scotia several years ago.

A unique though highly deserved honor was conferred upon **Ethel May Dawson** of Collingwood, Ont., when, in June, 1949, a pair of beautiful stained glass windows were dedicated at All Saints' Anglican Church in recognition of the fifty years of devoted service Miss Dawson has given in that community.

When the school of nursing was first opened at the General and Marine Hospital, Collingwood, in 1898, Miss Dawson enrolled as a student. Following graduation two years later, she engaged in private duty until 1913 when the Collingwood Board of Health appointed her to the triple duties of "Town Nurse, School Nurse and Truant Officer." These responsibilities Miss Dawson carried with faithfulness and zeal until the time of her retirement in 1948. What a roster of services accomplished is in her record! Over 1,800 births attended with scores of baby girls named Ethel May after her. Assistance with innumerable operations, tens of thousands of hypodermics given, nursing care to countless sick and aged in their homes—a proud record. Miss Dawson never took a holiday and never missed a day's work through illness. The brightest jewel in the deserved crown of praise of this devoted nurse and the chief motivating power in her service to humanity has been her abounding Christian faith. It is fitting that the memorial windows were unveiled during her lifetime. We join our good wishes with those of her fellow-townsmen for her health and happiness for many years.

Hazel MacInnes, who graduated in 1917 from the Wellesley Hospital, Toronto, and who has been superintendent of nurses at the Royal Inland Hospital, Kamloops, B.C., since 1934, has resigned. Miss MacInnes engaged in private duty in Toronto for a dozen years following graduation. In 1929 she went to Kamloops as supervisor of the obstetrical floor. She expects to settle in Toronto.

In Memoriam

Sister Mary Amie, who had been on the staff of Holy Family Hospital, Prince Albert, Sask., and who for many years was in charge of St. Vincent's Orphanage in Saint John, died on July 13, 1949, after an illness of several months.

* * *

Carolyn Augusta Lambart, who graduated from the Montreal General Hospital during World War I and later served with the Victorian Order of Nurses, died in Ottawa on July 13, 1949.

* * *

Olive May (Arlidge) Lemon, a graduate of the Owen Sound General and Marine Hospital who served overseas as a nursing sister during World War I, died at her home in Mimico, Ont., on July 23, 1949.

* * *

Alice Nakonechny, who was a student nurse at the Toronto Western Hospital, died in July, 1949, after a brief illness, at the age of 21.

* * *

Edith M. Reid, a graduate of the Sarnia General Hospital, died in London, Ont., on June 23, 1949, following a short illness. Miss Reid had engaged in nursing in London and Montreal.

* * *

Olive Louise Scott, who served with the C.A.M.C. during World War I, died in London, Ont., on June 17, 1949, after an illness of three months, at the age of 62. Mrs. Scott retired from the staff of Westminster Veterans' Hospital, London, in 1942 after twenty-one years of service.

* * *

Emily Williston Smith, who was a student nurse at the Miramichi Hospital, Newcastle, N.B., died on July 22, 1949, at the age of 27, of tuberculosis.

* * *

Mary A. Watson, who was superintendent of the Yarmouth (N.S.) Hospital for eighteen years, during which time it expanded enormously, died at Fredericton on June 22, 1949.

* * *

Avis R. R. Wright, who was a student nurse at the L. P. Fisher Memorial Hospital, Woodstock, N.B., was killed in a highway accident in July, 1949, at the age of 20.

Restoring Markings

When the markings on thermometers have become dimmed or erased through frequent use, I find that soaking them in a 10% solution of acriflavine will bring out the markings almost like new. Remove the excess solution from the thermometer with alcohol, wiping vigorously. The thermometers can then be given the usual sterilizing care and put back into immediate use.

—SISTER ST. DESMOND

Trends in Nursing

Average reading time — 10 min. 24 sec.

Going to Vancouver?

Many Canadian nurses attended in June the International Conference in Stockholm. They were much impressed with nursing in northern Europe, with the marvelous hospitality extended to them, and by the organizing ability displayed by the Swedish nurses. The marvels of these northern lands will be one of their treasured memories. Not all Canadian nurses, however, were privileged to travel to Sweden but those who remained at home this year should, in 1950, treat themselves to a trip to the beautiful Pacific province of British Columbia and there enjoy the meetings of their own Canadian Nurses' Association in surroundings not to be excelled anywhere for grandeur and variety.

Good organization requires long-term planning and, in response to the expressed desire of Canadian nurses for a repetition of the work conference program of 1948, we are busily at work in National Office. The following work conference topics will give you some idea of what is planned for the afternoons:

(1) Evaluation of Schools of Nursing; (2) Job Analysis and Evaluation of Nursing Services; (3) Total Care of Chronically Ill; (4) Staff Education; (5) The Nursing Team; (6) Counselling and Guidance; (7) The Nurse in Industry; (8) Principles of Personnel Management; (9) Survey of Public Health Nursing by the Canadian Public Health Association; (10) Methods of Evaluating Student Progress; (11) French Nurse's Workshop; (12) Student Nurses' Own Workshop.

We are also hoping to be able to arrange for a series of demonstrations of clinical nursing for those not interested in workshops. These demonstrations are planned to run concurrently with the workshops with the exception of two evenings. The evening presentations will make it possible for interested "shoppers" to profit by the demonstrations. More details will follow later.

We are also presenting material secured through the courtesy of Trans-Canada Air Lines for your information:

AIR TRAVEL PLAN TO VANCOUVER

Leave Halifax at 7:10 a.m.
Leave Moncton at 8:25 a.m.
Leave Saint John, N.B., at 9:40 a.m.
Connecting with *North Star* flight leaving Montreal at 12:30 p.m.
Leave Toronto at 2:40 p.m.
Leave Winnipeg at 6:40 p.m.
Leave Calgary at 9:40 p.m.
(Arriving in Vancouver at 11:05 p.m. the same day).

There are, of course, other flights operating and should these times not prove suitable, local arrangements can be made with T.C.A. offices, who will be only too glad to assist. Return flight leaves Vancouver at 8:10 a.m., stops at Calgary, Winnipeg, Toronto, and Montreal, with a connection at Montreal for Moncton and Halifax.

For groups of ten or more travelling together, the following rates to Vancouver are applicable:

From Halifax	— $356.60
From Moncton	— $343.15
From Montreal	— $290.25
From Toronto	— $256.50
From Winnipeg	— $143.95
From Regina	— $104.90
From Calgary	— $ 58.90
From Edmonton	— $ 80.10

All these fares are, of course, to Vancouver and return, from point of origination. All meals are complimentary and this minimizing of travelling expenses, coupled with the fast, luxurious service, will appeal to the majority of nurses attending the convention in Vancouver. Because of the short amount of travelling time involved, clothes packed can generally be worn after unpacking, without the additional problem of pressing.

Federal Health Grants

The 1948 federal health grants might be grouped as follows:

(1) For provincial health surveys; (2) to encourage hospital construction; (3) to provide professional training for health personnel; (4) to stimulate public health research; (5) to strengthen services in specific health areas, including general public health, mental health, tuberculosis, cancer, venereal disease, and crippled children.

Health surveys: A non-recurring grant of $625,000 has been allocated to the provinces on a per capita basis to assist them in appraising existing health services with a view to developing a comprehensive program for the extension and improvement of public health facilities and services, and planning for hospital and medical care insurance.

Professional training: A grant of $500,000 a year has been made available to alleviate shortage of key persons in some of the specialities and prepare the way for the new services to be provided under the grant program.

Public health research: In order to encourage and stimulate public health research, a grant has been allocated of $100,000 for the current fiscal year. Some of the projects for which this year's appropriation is being used include:

Investigation into the polio virus; preventive dentistry for children; the effect of different types of soil on the nutritive value of milk; and the use of radio-active isotopes to study well contamination from septic tanks.

Hospital construction: To meet this demand, 13 millions a year for a five-year period is available.

General public health has been assigned 4.4 millions; *mental health*—4 millions in the current fiscal year with a proposed maximum of 7 millions annually, to be reached over a period of years.

Substantial grants are also available for tuberculosis, cancer, venereal disease control, and for crippled children.

As in other Canadian grant-in-aid programs, the success of the health grants rests largely with the provinces. It behooves every citizen to understand the federal grant program and to co-operate on the provincial level to enable this program to reach its objective of improved health services for the people of Canada.—*Public Affairs*, Spring, 1949.

World Federation for Mental Health

Do you know that UNESCO is spending a million dollars on mental health projects? The money will be spent on field surveys, educational studies, travelling fellowships, and urban and rural demonstrations by a professional team composed of a psychiatrist, psychologist, and sociologist. Prevention comes cheaper than atom bombs and this million is being spent for a war on war. The unhappy and dissatisfied people who play on the emotions of their thoughtless neighbors build up the reservoirs of hate which may flare into a major infection. To quote from UNESCO constitution: "Since wars begin in the minds of men, it is in the minds of men that the defence of peace must be constructed."

The London Congress on Mental Health did three things, each designed to lay the foundations for a concrete attack on the causes of war, one of which was the effort to win interest from those officially responsible for action in the international field, thus increasing the hope of applying modern scientific knowledge to the bettering of human relations. The crux of the statement lies in its emphasis on the modifiability of human behavior especially among the young, and the modifiability of human institutions, thereby making possible the application of the skills of the social sciences in these two areas.

We in Canada should stand solidly behind the World Federation for Mental Health with its goal of world citizenship—to help men live with their fellows in one world. We cannot afford to pass up our responsibilities for the promotion of such an heroic concept, either through ignorance or indolence. Our very lives may depend upon it.—*Canadian Welfare*, July, 1949.

Conference Techniques

An important aim of the Council for the Co-ordination of Medical Congresses will be to undertake the study of the various conference techniques which have been worked out in recent years. Some of these techniques are still generally unknown. To give one example, the Mental Health Congress, held last year in England, followed a completely new method in preparing and organizing discussions. For over a year, about two hundred working groups in a great number of countries studied the questions on the agenda of the Congress and brought their findings to London. Information resulting from the study by the Council of such methods might enable physicians to choose the most practical technique for their medical congresses.—*WHO Newsletter*, May, 1949.

What Others Are Doing

The report of the Staff Training Branch of the Civil Service Commission for the past two years shows that more than 35,000 civil servants, representing twenty-eight departments of government, participated in some form of organized "in-service" training. Training courses included inductions and orientation, designed primarily for new employees, supervision, leadership, governmental administration, work skills, refresher courses, first aid training.

The purposes of the training program are:

(1) To improve the overall efficiency of the service; (2) to improve the efficiency of the individual; (3) to raise morale; (4) to improve employer-employee relationships; (5) to prepare employees for advancement; (6) to provide opportunities for individual development; (7) to increase job satisfaction and pride in the service.

The general policy is to select the method best suited to the training contemplated. The conference method has proved satisfactory in the training of supervisors. Other methods employed are:

The lecture method, panel discussion, classroom instruction for the teaching of mechanical skills, demonstrations, visual aids through films, correspondence courses, manuals and pamphlets.

At the instigation of the Commission's Staff Training Division, the Civil Service Regulations were amended to provide for educational leave in specific circumstances.—*The Labour Gazette*, July, 1949.

Application of Engineering Principles

An article in the August issue of *Hospitals* discusses methods of applying engineering principles in the hospital kitchen. After reading this article, it is obvious that the same principles can be applied in most, if not all, of the other departments, thus reducing waste effort, promoting job satisfaction, and saving time which is money for the hospital. Well-equipped kitchens can hardly be discussed without mentioning job methods and better ways of doing things, says the author. Steps in job analysis include:

(1) Break-down of job. List all details of how job is now being done, including items of labor, foods, tools, equipment.

(2) Question every detail of job as it is done. Why is it necessary? What is its purpose? Who should do it? Where should it be done? How is the best way to do it?

(3) Formulation of new methods. Simplification steps are then noted in some detail and the comfort of the worker comes in for some attention.

(4) Final step is the use of the new method. New method should be written in detail, checked, and put into practice until a better way of doing things is developed.

The article "Special Assistance for Administrators" also in *Hospitals* (August, 1949) presents an idea worth considering and one that might be used in many and varied ways.

Nursing—A Career for Women

The *Supplement on Nursing*, published in July by the Department of National Health and Welfare in co-operation with the Canadian Nurses' Association, is most attractive in its summer dress of white and the currently fashionable shade of pink. We hope you will like it and use it, as we think it should appeal to the young girl interested in nursing. The supplement presents modern nursing as a worthwhile career founded on the tradition of service to the sick, yet moving with the times to offer varied opportunities for employment at remunerative salaries, with the stimulus of advancement for developing skill and increased experience. The press notices on the supplement have been extremely favorable. Copies are available free through the registered nurses' association of your province.

Films

The National Film Board in June *Current Releases* mentions several 16 mm. films that might be of interest to nurses as citizens or prospective visitors to British Columbia:

Choral Concert, B. & W.,10 min., Eng.; Opening of Parliament, B. & W.,20 min., Eng. & Fr.; Over-dependency, B. & W.,32 min., Eng.; Planning Canada's National Capital, B. & W., 22 min., Eng. & Fr.; Peoples of the Skeena, color, 15 min., Eng.; Skeena River Trapline, color, 15 min., Eng.; Eye Witness, Vol. I, No. 13, B. & W., 10 min., Eng. & Fr.

Orientation et Tendances en Nursing

EN ROUTE POUR VANCOUVER?

Plusieurs infirmières canadiennes ont assisté en juin dernier au Congrès International à Stockholm. Elles sont revenues avec des impressions des plus favorables sur le nursing, sur l'hospitalité qui leur a été offerte, et sur les qualités d'organisation des infirmières de la Suède. Les merveilles de la Scandinavie resteront parmi leurs meilleurs souvenirs.

Toutes les infirmières n'ont pas eu la chance d'aller en Suède, mais celles qui sont restées à la maison peuvent déjà rêver de faire un beau voyage, en 1950, en Colombie-Britannique; dans le décor magnifique que présente Vancouver se dérouleront les séances du congrès des infirmières du Canada.

Les plans d'une bonne organisation doivent être faits longtemps à l'avance. Pour se rendre au désir exprimé par les infirmières on aura, comme en 1948, des cercles d'étude; au secrétariat national on s'y prépare déjà.

Voici quelques-uns des sujets à l'étude pour les séances de l'après-midi: (1) Evaluation des écoles; (2) analyse du travail et évaluation des services de l'infirmière; (3) les soins complets du malade chronique; (4) l'éducation du personnel; (5) une équipe aux soins des malades; (6) orientation et direction; (7) l'infirmière industrielle; (8) principes de la direction du personnel; (9) l'enquête sur l'hygiène publique faite par la Canadian Public Health Association; (10) méthodes d'évaluation des progrès de l'étudiante infirmière; (11) cercle d'étude en français; (12) cercle d'étude des élèves-infirmières. Nous espérons aussi pouvoir organiser quelques démonstrations en nursing pour celles que les cercles d'étude n'intéressent pas.

MOYENS DE TRANSPORT

La ligne aérienne Trans-Canada a eu la bienveillance de nous communiquer les heures de départs des villes ci-dessous et le prix du voyage aller et retour (pour 10 ou plus personnes):

Halifax............	7:10 a.m.	$356.60
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Saint John..........	9:40 a.m.	342.25

Montreal...........	12:30 p.m.	290.25
Toronto............	2:40 p.m.	256.50
Winnipeg...........	6:40 p.m.	143.95
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OCTROIS DES SERVICES DE SANTÉ

Les octrois pour les services de santé en 1948 peuvent être groupés comme suit: (1) Relevés ou enquêtes dans les provinces; (2) construction des hôpitaux; (3) formation professionnelle; (4) recherches en hygiène publique; (5) services spéciaux, tel que: hygiène en général, l'hygiène mentale, la tuberculose, le cancer, les maladies vénériennes, les enfants infirmes.

Enquêtes provinciales: Un seul octroi de $625,000 a été alloué aux provinces, basé sur la population de la province, afin de les aider à faire un relevé des services de santé existants et en vue de préparer un programme pour le développement et l'amélioration de ces services, et un plan pour les assurances d'hospitalisation et de soins en maladies.

Formation professionnelle: Un octroi de $500,000 a été alloué pour remédier à la pénurie de personnes bien préparées dans certaines spécialités et aider à la formation de services nouveaux.

Recherches en hygiène publique: Afin d'encourager et de stimuler les recherches en hygiène publique, un octroi de $100,000 a été versé pour l'année. On a utilisé une partie de cette somme pour faire des recherches sur le virus de la poliomyélite, la prévention dans les soins dentaires, les effets qu'ont les différents sols sur la valeur nutritive du lait, etc.

Construction des hôpitaux: Pour répondre aux demandes, un octroi annuel de 13 millions sera versé durant cinq ans.

Hygiène mentale: Une somme de 4.4 millions a été versée et on se propose d'augmenter cette somme à 7 millions annuellement durant un certain nombre d'années.

Divers: D'autres octrois considérables sont aussi versés aux enfants infirmes et pour combattre la tuberculose, le cancer, les maladies vénériennes.

Comme lorsqu'il s'agit de tout autre octroi d'entr'aide au Canada, le succès dépend en grande partie des provinces. Tout de même, il est du devoir de tout citoyen de comprendre dans quel but ces octrois sont versés et d'essayer, chacun dans sa province, de co-opérer à la réalisation du but proposé: l'amélioration de la santé au Canada. (Extrait de *Public Affairs*, Spring, 1949).

L'ORGANISATION DES NATIONS UNIES POUR L'HYGIÈNE MENTALE

Savez-vous que l'Organisation des Nations Unies dépensera un million de dollars pour la réalisation de ses projets en hygiène mentale? On employera cet argent pour des relevés, des études sur l'éducation, pour payer les frais de déplacement d'une équipe composée d'un psychiatre, d'un psychologue, et d'un sociologue, qui feront des démonstrations dans les villes et les campagnes.

"Puisque les guerres," dit l'O.N.U., "prennent naissance dans l'esprit des hommes, c'est dans leur esprit qu'il faut établir la première ligne de défense." Souvent des gens malheureux et mécontents influencent leurs voisins, jouent avec leurs émotions; inconsciemment ces voisins développent des haines qui peuvent à la moindre provocation faire surgir en un grave conflit. La prévention en hygiène mentale, même à coup de millions revient moins cher que la bombe atomique.

Lors du congrès de l'hygiène mentale tenu à Londres, on s'attaqua à ce problème de la guerre. D'abord on essaye d'intéresser à l'hygiène mentale les personnes responsables de la politique internationale, espérant ainsi améliorer les rapports entre les humains. On a exposé, comme le point le plus important, les modifications que l'on peut apporter dans le comportement de la jeunesse et de même dans les institutions où on peut appliquer toutes les ressources que suggèrent les sciences sociales.

Au Canada, nous ne devons pas rester indifférents au but proposé par la Fédération Mondiale de l'Hygiène Mentale. Nous devons nous considérer comme citoyens du monde et essayer de s'entr'aider les uns les autres à vivre en paix. (*Canadian Welfare*, July, 1949).

OÙ EN SONT LES AUTRES?

La Commission du Service Civil rapporte que durant ces deux dernières années plus de 35,000 employés civils de vingt-huit départements différents ont participé, tout en travaillant, à des cours de formation professionnelle. Parmi ces cours, on en donna concernant l'installation et l'orientation des nouveaux employés, la surveillance, les qualités de chef, l'administration gouvernementale, la compétence technique, cours de perfectionnement et de soins d'urgence.

On avait pour but, en donnant ces cours: (1) D'améliorer le rendement général; (2) d'améliorer le rendement de chaque employé; (3) d'élever le moral; (4) d'améliorer les rapports entre employeur et employés; (5) de préparer des promotions parmi les employés; (6) d'aider aux progrès individuels des employés; (7) de donner plus de satisfaction au travail sans leur dire aux employés qu'ils pouvaient faire mieux leur travail ou qu'il y avait de meilleures méthodes pour le faire.

ANALYSE DES EMPLOIS

Lorsque on veut faire l'analyse d'un employé, il faut (1) le détail de l'emploi. Enumérer comment l'on fait le travail; énumérer ce dont on se sert pour faire ce travail—vivres, outils, etc. (2) A chaque détail du travail se demander pourquoi il est nécessaire? Quel but dois-je atteindre? Qui doit faire ce travail? Où ce travail doit-il être fait? Quelle est la meilleure manière de faire ce travail? (3) Dans l'élaboration d'une nouvelle méthode de travail, il faut tenir compte des simplifications à apporter et du confort du travaillant.

AUX DIRECTEURS D'HÔPITAUX

Dans la revue *Hospitals* d'août 1949, un article, intitulé "Special Assistance for Administrators," a des idées qui méritent considération et peuvent être fort utiles à bien des points de vue.

LA PROFESSION D'INFIRMIÈRE — CARRIÈRE FÉMININE

La revue mensuelle, publiée par le Ministère Fédéral de la Santé et du Bien-Etre, a présenté, en co-opération avec l'Association des Infirmières du Canada, dans son numéro de juillet un supplément des plus attrayant sur la profession d'infirmière. Nous espérons que ce supplément plaira aux infirmières et aux jeunes filles qui s'intéressent à la profession d'infirmière.

Le supplément présente la profession d'infirmière comme une carrière fondée sur des traditions de dévouement envers les malades et se développant avec les années en une carrière des plus avantageuse pour les jeunes filles. Les offres d'emplois sont variées et les salaires intéressants, particulièrement pour les infirmières ayant des qualifications spéciales ou de l'expérience. La presse a fait un excellent accueil à ce supplément. On peut se procurer des exemplaires de ce supplément en français et en anglais en s'adressant aux associations provinciales.

FILMS

L'Office National du Film fait part dans son communiqué de juin de la mise en circulation de plusieurs films de 16 mm. pouvant intéresser les infirmières (voir "Trends in Nursing," page 779).

A Colostomy Bag

A. M. Brown (*Archives of Surgery*, 58:54, Jan. 1949) describes a new colostomy bag, the special features of which are that the bag is used but once and disposed of, and the collar of the bag is individually molded to fit the patient's abdomen at the site of the colostomy wound. The collar of the colostomy device is made by modelling it directly on the plaster replica of the patient's abdomen over the cast of the colostomy wound, so that its lumen fits over the lips of the colostomy opening and the duct slants downward to lead easily to the bag. The collar may be cemented to the abdominal skin, or held in place with an adjustable elastic belt, or both the cement and the belt may be used. The bag is made of latex and fits over the flanged collar; there is no bulge that is evident through the clothing. When the bag is filled, it is removed from the collar and dropped into the toilet to be flushed away. Then it is replaced with a new bag. This procedure can be carried out without soiling of the hands. Bag replacements can be carried in the purse or the pocket, as they are not bulky. The bags are dusted inside with a deodorant powder. It has been found that patients greatly appreciate a colostomy bag that is used but once, so that bags do not have to be cleaned.

Everyone speaks well of his heart but no one dares speak of his head.

—LA ROCHEFOUCAULD

Student Nurses

A Canadian Student Attends the I.C.N.

OLIVE WASLEY

Average reading time — 9 min. 36 sec.

FORTY-EIGHT years ago four hundred members attended the first Congress in Buffalo, New York. This year, on the fiftieth anniversary of its formation, nearly four thousand delegates met in Stockholm, Sweden, to "enjoy some days of good international collaboration."

Sweden is a land of sunlit nights with many forests, lakes, and mountains, making it a veritable fairyland of the north. It is on the same latitudes as Northern Labrador, the Yukon and Siberia but here, due to the warm waters of the Gulf Stream, its people enjoy a moderate climate. Along with this they have continuous daylight for many summer weeks. Nestled in this wealth of scenery are its cities most picturesquely situated, yet maintaining easy accessibility. Such is Stockholm its capital. Stockholm is situated on islands formed by the fresh waters of beautiful Lake Malaren, emptying by several routes into the Baltic Sea. It is a city strikingly beautiful in its portrayal of the old and the new. The Old City had its origin in the thirteenth century and still bears evidence of that ancient era, while the "new Stockholm" displays ultra-modern buildings.

Pringle & Booth, Ltd.

OLIVE WASLEY

The 1949 Conference of the International Council of Nurses was certain to be a success in a setting such as this. Much of this success must also be attributed to the whole-hearted hospitality and friendliness extended by the Swedish people, and also to the remarkable organization of the Swedish Nurses' Association. "The glow" of Sweden's welcome was far-reaching. Two Swedish nurses greeted us on the train at the border as we were leaving Norway en route to Stockholm. On our arrival we had another warm welcome from many other Swedish nurses, most of them in their dress uniforms.

The International Council is the oldest and largest international association of professional women. The Council now has a membership of 350,000 nurses, comprising thirty national organizations. This includes five new member associations welcomed at this Conference—Italy, Southern Rhodesia, Korea, Turkey, and Haiti, and also Germany, Austria and Japan which have been reinstated. Relating the outstanding events in the history of this organization at the opening session, Miss Bridges, ex-

---

Miss Wasley, a senior-intermediate student at Toronto Western Hospital, was chosen by her fellow students to represent them at the I.C.N. Conference last June. By dint of much hard work and with the assistance of Dr. H. A. Beatty, who provided generous financial aid in the form of a travelling scholarship, the student body raised the necessary funds for Miss Wasley's trip.

ecutive secretary, stated that these conferences are held because "our profession needs constant inspiration and guidance" and "above all things requires organization." But we must remember that the International Council of Nurses must (1) "meet the daily demand of its members and must be a co-ordinating body responsible for their activities and also be a distributing influence; (2) it must pursue research, leading to improved technique in nursing services."

The Royal Tennis Hall was the site of the Conference. It is a beautiful building located quite centrally in the city, yet retaining remarkable, natural surroundings. Lidingövägen, a main thoroughfare passing it, is lined with trees and, for the occasion, large flags of all the nations in attendance had been added which lent harmonious color to the picture. Above the steps leading into the hall, and also above the orchestral platform inside, were huge placards bearing the Conference's symbol. It was a chain forming a circle on a white background, with a blue globe inside marked in the longitudes and latitudes of the world. On this was printed "I.C.N., Sweden, 1949." This signified a chain of nurses from all parts of the world joining hands in reunion. As stated by Miss Elfverson: "The fine links—human love and sacrifice—have, despite their fragility, shown themselves possessors of greater strength and resistance than those of iron and steel, stone and concrete."

Inside the Tennis Hall the main auditorium was centrally located with exhibits occupying the areas on either side. On the left they depicted incidents in the history of Swedish nursing. Here, also, various drug companies offered outstanding information on many new and improved drugs. The area to the right contained breath-taking displays of modern operating-room equipment, interiors of a clinical laboratory for private medical practice, a modern hospital room, and a model nurses' dwelling. Outside the Hall a modern Swedish-built and equipped fluorographic survey bus was demonstrated. Here, also, were shown the development in ambulances from a horse-drawn vehicle to a helicopter now used as a flying ambulance and on which the nurses could take short trips. Several modern hospital cars were exhibited on the siding behind the Tennis Hall. Instructional and advertising films were shown in the Conference theatre between sessions. A film based on the Queen's Institute of District Nursing was especially well attended.

Flags of the Nations

Sunday, our first introduction to the Conference, was spent registering and viewing the exhibits. In the evening most impressive services were held in various churches, with candlelight processions of student nurses to a background of choral and organ music. At Hedvig Eleonora Church the Archbishop of Uppsala, the Most Rev. E. Eeiden, inspired many nurses with his words: "The desire for doing must emanate from your very heart. The act of doing must be done before the sight of God."

The Conference day was divided into morning, afternoon, and evening sessions, with papers presented on the chosen topic for approximately the first two hours. This was followed by a lively discussion which lasted about one hour. Miss Gerda Höjer, president of the International Council of Nurses, presided at a most impressive opening session. Princess Sybilla, whose son is in line of succession to the Swedish throne, attended this session. Following the roll call, a welcome in three languages was extended by Miss Elfverson, acting president of the Swedish Nurses' Association. In declaring the Conference open, the Honorable Eeije Mossberg of the Swedish Parliament stated that "a good nurse must project something of her own personal attitude into her work." Dr. Dag Knutson, president of the Swedish Medical Association, expressed his wishes for a successful Conference, stating that "only as we do a little more than our duty do we fulfil our duty."

The theme of the discussions seemed to be that, by improving nursing as a profession, widespread improvements in nursing services would result. Three main subjects were reviewed: "The Medicine of Tomorrow and the Position of the Nurse," "Nursing Education—Methods of Clinical Instruction," and "Nursing Service—How to Meet the Demand." In outlining the development of theories in medicine, Dr. Höjer emphasized the importance of the health or prophylactic examination—

> Through an early diagnosis it has often proved possible to anticipate further developments and thereby decrease the time of invalidity or eventually quite eliminate it. To make such an early diagnosis possible, the patients must have been examined before they themselves, or those who have the responsibility for them in early childhood, have been able to observe any symptom of illness.

Many interesting facts were brought out during the discussion on nursing education. It was generally felt that clinical instructors were an essential to a training school. They were described as teachers carrying no administrative duties but are "free to plan, to teach, and to guide the learning activities of nurse students." The instructor must make sure "that her students have opportunity to give nursing care that is satisfying to their patients and satisfying to themselves."

Healing Power of Herbs

Papers presented on the subject "How to Meet the Demand" proved especially interesting since it is a critical international problem. Miss Margaret MacNaughton, of Scotland, asked: "Why has nursing as a career, with its full satisfying life of infinite variety, failed to attract the numbers it requires?" In answer, she suggested two reasons:

> 1. That the nursing profession has tended to seek its inspiration from the past, forgetting that, to be effective, a service must be capable of *adjustment to changes* in the life and customs of the community it serves.
>
> 2. That, in trying to meet the demand, the nursing profession has shown great self-sacrifice and endurance in bearing with *unsatisfactory conditions* in order to fulfil their obligation to the public.

During the Conference all the students resided at Engelbrekts Skolan, which afforded us generous opportunity for actively discussing and comparing nursing and nursing methods. Similar debates continued during our afternoon picnic in Sweden's beautiful countryside.

Entertainment was surprisingly varied and most intriguing. Upon registration each member received a folder containing tickets for special functions planned for us. A chronological play depicting "The History of Nursing in the Northern Countries" was cleverly portrayed by students in Stockholm's National Theatre. Promenade concerts were held in the National Museum and at Waldemarsudde—the beautiful estate of the late Prince Eugen. Afternoon visits to various hospitals were a source of keen interest. An all-day tour was planned for each member with visits to country towns of Sweden. Here, again, we marvelled at the remarkable organization, and the hospitality and interest shown by the Swedish people as a whole.

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Stone, graciously invited all the Canadian nurses to a reception while we were in Stockholm. This touch of home was indeed gratefully received.

For their grand finale, the Swedish nurses took us on a tour of Stockholm's famous City Hall—a palatial architectural wonder with rooms rich in beauty and elegance. Later that evening, a farewell party, with Swedish folk-dances and songs, was held at Skansen—a unique outdoor museum.

To the students, a most impressive point emphasized at this Conference was that the current problems in the nursing profession in each country were definitely international as well. Never will nurses forget their attendance at the I.C.N. of 1949—least of all, the student nurses who showed eager interest as the Conference activities gradually unfolded. It is the students of today who will help to carry on the profession in the future. Would not their attendance at such a Conference as this be an encouraging stimulus to them? Why then cannot Canada send more of her student nurses to our I.C.N. meetings?

Book Reviews

Selected Motion Pictures and Slidefilms for Nursing Education, by Loretta E. Heidgerken, R.N., Ed.D. 42 pages. Published by Audio-Visual Center, Indiana University, Bloomington, Ind. 1949. Price —Single copies, $1.00; 2 to 4 copies, 75c ea.; 5 or more copies, 60c ea.

This bibliography of available films will be an exceedingly valuable tool for every instructor in our schools of nursing. Miss Heidgerken personally previewed all the films and slides which she has recommended. She realized that nursing teachers were seeking more detailed and complete information on audio-visual materials for use in their instructional programs. Hence the list.

For ease in finding desired material, the information is listed under suitable headings. There is a subject index of available motion pictures, including such varied sub-headings as anatomy and physiology, child growth and development, staff education, etc. A brief

DURABLE DEFENSE

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description is given of the topical content of many of the films, including running time, source, etc. A useful title index is included.

While primarily of value to the schools of nursing, this bibliography would also be helpful to the educational director in any public health nursing organization. Some thirty-eight films are listed under Social Welfare and Public Health.

Trends in Nursing History, their relationship to world events, by Elizabeth M. Jamieson, B.A., R.N. and Mary F. Sewall, B.S., R.N. 632 pages. Published by W. B. Saunders Co., Philadelphia. Canadian agents: McAinsh & Co. Ltd., 388 Yonge St., Toronto 1. 3rd Ed. 1949. Illustrated. Price $5.00.

Those familiar with the two earlier editions of this work will be pleased to note that it has been revised by the addition of pertinent data, bringing in the problems created by World War II and stressing the importance of present-day international relationships. While, as is natural, greater emphasis is placed upon nursing in the United States than in any other country, the story of the role of women in all ages is covered in comprehensive fashion. It is written in language that makes for interesting reading—there is none of the dry-as-dust atmosphere in the whole lively account.

Suitable topics for discussion follow each chapter. There are also reference lists through which the ardent student may track down further aspects of this interesting topic. Frequent illustrations add an enlivening note.

A Review of Nursing, with outlines of subjects, questions and answers, by Helen F. Hansen, R.N., M.A. 866 pages. Published by W. B. Saunders Co., Philadelphia. Canadian agents: McAinsh & Co. Ltd., 388 Yonge St., Toronto 1. 6th Ed. 1949. Price $4.75.

First published in 1934, this new edition has been carefully revised so that all of the factual information is in step with the latest research and practice. The basic sciences are dealt with concisely for review purposes and the various branches of nursing care have had similar treatment. Following each chapter are provocative review questions, the answers being available later in the book.

This is not intended as the sole text for any aspect of nursing. However, as review material it is very valuable. For older nurses returning to active duty, it provides a quick means of brushing up on half-remembered information. For the instructor who has difficulty in preparing suitable objective-type examination questions, much help can be secured here.

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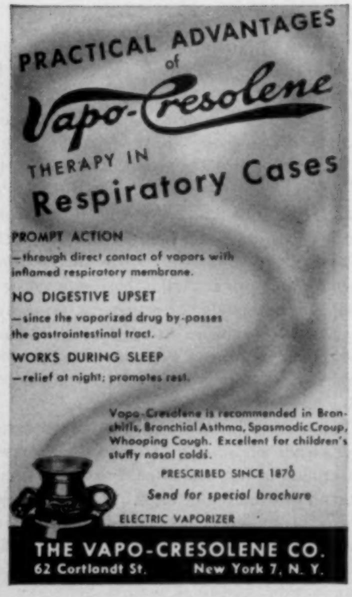

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Alberta

The following are staff changes in the Alberta Division of Public Health Nursing:

Appointments: *Marguerite M. Fitzsimmons* (University of Toronto public health administration and supervision course) as assistant director of public health nursing; *Nellie Beatson* (Royal Infirmary, Sheffield, Eng., and C.M.B.) to Lindale; *Elaine Cornish* (Montreal Gen. Hosp.) to Bonanza; *Wilma Gunn* (Provincial Mental Hosp., Ponoka) to Sunnynook; *Beth Heller* (B.Sc., University of Alta. Hosp.) to Spirit River; *Marie Therese Lefebvre* (Misericordia Hosp., Edmonton) to Valley View; *Jeannette McInnis* to New Brigden after an absence of two years.

Transfers: *Mrs. E. A. Bennett* from Vauxhall to Whitemud Creek; *Edna Carveth* to Vauxhall.

Leaves of Absence: To take public health courses—*Lucille Laferrière* and *Sarah MacIntyre* to attend U. of Alta. and *Mrs. C. J. Somerville* to go to U. of T.

Resignations: *Wilma Doyle* from Maloy to join the foreign missionary service; *Camilla Hudson* from Spirit River; *Dulcia Williams* from Grassland to be married.

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British Columbia — APPOINTMENTS: *E. Buchan* (Calgary Gen. Hosp.) in charge at Edgewood; *A. I. Burgess* (Royal Melbourne and Women's Hosp., Australia) in charge at Bamfield; *A. Pedersen* (Thersted Hosp., Denmark) and *U. E. Ferbush* (Staines County Hosp.) to McBride; *B. E. Spence* (Regina Gen. Hosp.) as matron at Terrace. RESIGNATIONS: *L. Brooks* from Terrace, *J. Marshall* from McBride, and *L. Moffat* from Edgewood.

New Brunswick—APPOINTMENTS: *Myrtle Brown* to Plaster Rock; *Mrs. Harold Connick* and *M. A. Cooney* to Tobique Valley Hosp.; *Mabel Coughlan* and *Vera McAloon* to Stanley.

Ontario—APPOINTMENTS: *Aline Austin* (Hamilton Gen. Hosp.) and *Thelma Bamford* to Emo; *Audrey Clarke* (H.G.H.), *Lucy Shaw* (St. Mary's Hosp, Timmins), and *Janet Taylor* (Victoria Hosp., London) to Huntsville; *Lillian Dixon* to Espanola; *Bernice Kent* and *Mary Joan Mapplebeck* (Royal Victoria Hosp.) to Hornepayne; *Erna Leaf* (Paddington Hosp., London, Eng.) and *Isabel Taylor* to Mindemoya; *Shirley A. Wattson* (H.G.H.) to Beardmore. TRANSFERS AND

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For further information apply to:

Superintendent of Nurses,
Mountain Sanatorium,
Hamilton, Ontario.

RELIEF: *Beth Kirkpatrick* from Nipigon to be charge nurse at Huntsville; *Ina Forrest* to relieve at Richard's Landing; *Dorothy Hall* and *Wilma Lippert* have completed postgraduate work at university. RESIGNATIONS: *Joan Boyce* from Thessalon, *Verna Card* from Hornepayne, *Louisa Coleman* from Dryden, *Frances Orr* from Mindemoya, *Laura Pond* and *Joyce Wharton* from Espanola, and *Beulah Walker* from Nipigon.

Saskatchewan—APPOINTMENTS: *R. Goyette* to Arborfield; *J. McLeod* to Leoville; *J. Newman* (Eng.) to Loon Lake. RESIGNATIONS: *Irene Adolph* from Loon Lake to be married; *M. Lyle* from Leoville to return to Ontario.

New Brunswick

Two new appointments, bringing the total nursing staff to eleven, in addition to the director, *Muriel E. Hunter*, have been made to the New Brunswick Public Health Nursing Service. In announcing the appointments of *Theonilde Roy* and *Geraldine Roy*, the Hon. Dr. F. A. McGrand, Minister of Health and Social Services, pointed to the excellent work being carried out by this service.

Theonilde Roy, a graduate of Hotel Dieu, Moncton, has taken public health nursing at the McGill School for Graduate Nurses. She has had two years' experience in the public health field and in private duty and hospital nursing. She will be working with *E. Theriault* in Gloucester County, with headquarters at Bathurst. Geraldine Roy, also a Hotel Dieu graduate, has had experience in hospital nursing in Montreal and Bermuda and two years in the public health field before entering McGill for her postgraduate course. She will work in Restigouche County with *Mrs. E. Normandeau*, with headquarters in Campbellton.

The permanent staff of the nursing service also includes: *M. Branch*, Northumberland County; *E. Robidoux*, Kent County; *O. MacInnes*, Westmorland and Albert Counties; *G. Maddox*, Kings County; *W. MacCoubrey*, Charlotte County; *H. Salmon* and *I. Lane*, York, Queens and Sunbury Counties; *R. McKenzie*, Carleton County; *K. Buchanan*, Victoria County; *C. Pichette*, Madawaska County.

Victorian Order of Nurses

The following are recent staff changes of the Victorian Order of Nurses for Canada:

Appointments—Aurora: *Helen N. Devlin* (Ont. Hospital, Kingston, and Queen's University public health course) as nurse in charge. Brampton: *Hilda Quick* (Soldiers' Memorial Hosp., Orillia, and University of Toronto p.h.n. course) as nurse in charge. Brantford: *Helen Ryan* (Brantford Gen. Hosp. and U. of T. p.h.n. course). Dartmouth: *Irene Strafford* (Halifax Infirmary and U. of T. p.h.n. course). Gananoque: *K. M. Elson* (Peterborough Civic Hosp. and U. of T. p.h.n. course) as nurse in charge. Halifax: *Vida H. Tanner* (Hosp. for Sick Children, Toronto, and U. of T. p.h.n. course). Hamilton: *Joyce McKay* (Victoria Hosp., London, and University of Western Ontario p.h.n. course). Lachine: *Jeannine Nobert* (Hôpital Ste-Justine, Montreal). Moncton: *Frances D. Hall* (St Mary's Hospital, Montreal, and McGill University p.h.n. course). North Vancouver: *Frances P. Turnbull* (Vancouver Gen. Hosp. and University of British Columbia p.h.n. course). Prince Albert, Sask.: *Margaret Grigsby* (University of Alberta School of Nursing). Saint John: *Erie Y. Lloyd* (Women's College Hospital and U. of T. p.h.n. course). Saskatoon: *Mary McLean* (St. Joseph's School of Nursing, Victoria, and U.B.C. p.h.n. course) as nurse in charge. Vancouver: *Eileen Rankin* (Grace Hosp., Winnipeg). West Vancouver: *Thelma Johnson* (St. Joseph's Hosp., Winnipeg, and U.B.C. p.h.n. course). Windsor, Ont.: *Marion Cowdrey* (Grace Hosp., Winnipeg, and U. of T. p.h.n. course) and *Barbara McLeod* (Victoria Hosp., London, and U. of W. Ont. p.h.n. course). York Township, Ont.: *Margaret Sams* (City Hosp., Sydney, and U. of T. p.h.n. course).

Re-appointments — Hamilton: *Maude Haslam*. Medicine Hat: *Maxine Bow* as nurse in charge. Ottawa: *Margaret (Beck) Graham*. Winnipeg: *Margaret Perfect*.

Transfers—*Katherine Gannon* from Winnipeg to Trail as nurse in charge; *Isabel Goward* from W. Vancouver to Prince Albert as nurse in charge; *Isabell Neilson* from Carleton Place to Victoria.

Resignations—Calgary: *Ora Park* (retired). Cobalt: *Katherine McLellan* as nurse in charge to be married. Digby: *Margaret Whebby* as nurse in charge. Elphinstone: *Helen Irving*. Gananoque: *Ethel Irwin* as nurse in charge to take up other work. Kingston: *Beverley (McQueen) Colwell, B.Sc.N.* London: *Corinne (Read) Laidlaw, B.Sc.N.* Saskatoon: *Audrey Cameron* to take up other work and *Lillian Frank*. Vancouver: *Frances*

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CIVIL SERVICE *requires . . .*
PUBLIC HEALTH NURSES, Gr. 1
for the Department of Health, Province of B.C.

Salary: $186 rising over 5 years to $212 per month (including current C.L.B.). ***Qualifications:*** Candidates should be eligible for registration in B.C. and have completed a University Degree or certificate course in Public Health Nursing. (Successful candidates may be required to serve in any part of the Province; cars are provided.) Further information may be received from the *Director, Public Health Nursing, Dept. of Health, Parliament Bldgs., Victoria.* Candidates must be British subjects, under age of 40 (except in the case of ex-service personnel who are given preference), unmarried, or self-supporting. Application forms obtainable from all *Government Agencies, the B.C. Civil Service Commission, Weiler Bldg., Victoria,* or *636 Burrard St., Vancouver,* to be completed and returned to the **Chairman, Civil Service Commission, Victoria**

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Two-year courses leading to the degree, Bachelor of Nursing. Opportunity is provided for specialization in field of choice, registering in any of the major fields indicated by asterisk.

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Supervision in Psychiatric Nursing.

Supervision in Obstetrical Nursing.

Supervision in Paediatric Nursing.

Pishker. Waterloo: *Fae Dickie* as nurse in charge to take up other work. Welland: *Marion Law*.

News Notes

ALBERTA

VIKING

A number of social functions have been held in honor of Audrey Swinton, matron of the Municipal Hospital, who resigned after four years of service. Mmes S. Sorenson and A. E. Caldwell entertained at tea at the latter's home when a small presentation was made to Miss Swinton. She was also entertained by Mrs. J. Skalitsky at a tea when members of the nursing staff were also present. The hospital staff held a surprise party when a presentation was made. Miss Swinton was the happy recipient of another gift when the badminton club, of which she was president, feted her. She will attend the University of Alberta for post-graduate study.

BRITISH COLUMBIA

NEW WESTMINSTER

Royal Columbian Hospital

Open house was held recently in the lounge of the Lillian MacAllister Memorial Home when more than three hundred members of the nursing, clerical, and household staff bade farewell to Elizabeth Clark, superintendent of nurses. Miss Clark is now in charge of the provincial government hospital at Terrace.

On behalf of the staff, Mr. E. S. Withers, former secretary-manager, spoke appreciatively of Miss Clark's services to the hospital for nearly twenty years, and presented her with a gold wrist-watch. Mary Callandar made the presentation of a jewel case on behalf of the student nurses.

NEW BRUNSWICK

SAINT JOHN

St. Joseph's Hospital

A new 15-bed wing has been added to the hospital and is being used for cancer treatment. E. Oland is in charge of the new physiotherapy department.

Clara Hurley and Rita McLeod have resigned to enter religious orders and will later proceed to China and India in the medical missionary field. Catherine McGinley has resigned as O.R. supervisor to take a similar position at Victoria Public Hospital, Fredericton.

Recent visitors to the hospital were several former graduates, including the Misses M. Hayden, Kane, Callaghan, O'Leary, McNamara, and Foreman. They all hold positions in the U.S.

A young St. Joseph's graduate has arrived in Japan where she was welcomed by Col.

MEDICAL MICROBIOLOGY FOR NURSES

By Erwin Neter. A concise text for student nurses. Emphasis has been placed on bacteriology, virology, host resistance, and immunity. Recent discoveries of importance: the sulfonamides, penicillin, and the Rh factor are also discussed. 470 pages. 130 illustrations. 1949. $5.00.

LABORATORY MANUAL IN MICROBIOLOGY

By Madge Hahn Longley. This revised manual demonstrates by exercises the fundamental microbiological principles used in nursing practice. Several exercises on each subject are given so that it may easily fit the needs of any class and any textbook. 210 pages. Second edition. 1948. $2.25.

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For further particulars apply to:

Superintendent of Nurses, Toronto Hospital, Weston, Ontario.

Bingham Boyce, commanding officer of the 35th Station Hospital in Kyoto, Honshu. She is First Lieut. Margaret M. Murphy of the U.S. Army Nurse Corps. A native of Saint John, Miss Murphy did post-graduate study in New Jersey prior to joining the U.S. Army in July, 1945. After completing medical basic training with the Tilton General Hospital at Fort Dix, she was assigned to Hallor General Hospital in New York. From February, 1946, until June, 1948, she served at New York Port of Embarkation and then was stationed in El Paso, Texas, at Wm. Beaumont General Hospital, prior to starting her overseas tour of duty in Korea in March of this year. Upon her arrival there, she served with the 382nd Station Hospital until her transfer to Japan.

The men and women of this organization are engaged in operating one of the most modern and best equipped army hospitals in Japan. Duties cover a wide field, ranging from maintenance of an efficient communication system within the hospital, and the operation of a complete post exchange for troops stationed with the unit, to highly technical duties in the surgical sections and in the wards. This hospital boasts many of the comforts of home, with a library and a small theatre in which movies and stage shows are presented regularly.

NOVA SCOTIA

HALIFAX

Victoria General Hospital

A class of twenty-three student nurses recently received their caps in an impressive candle-lighting ceremony. Maisie Miller, superintendent of nurses, addressed the class following which the nurses were "capped." Helen Joncas, head of the teaching department, presented the students to Miss Miller. The ceremony, which was attended by relatives and friends, was followed by refreshments served by the senior nurses.

Francis Lytle, nursing arts instructor, resigned to take public health nursing at the University of Toronto School of Nursing.

ONTARIO

DISTRICT 1

SEAFORTH

The new superintendent of Scott Memorial Hospital is Valerie Drope of Petrolia. Her assistants will be Helen Smith and Marguerite Dunn.

DISTRICTS 2 AND 3

Two executive meetings and one general meeting have been held by the districts during the past months. A good attendance was evident at the general meeting which was held in Southampton in May. Mr. Ellis Millard, chairman of the hospital board, gave the address of welcome. The reports, read by representatives from the various committees, spoke for themselves as to the interest and activity of the district members.

The Public Health Committee reported

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WHEN baby is teething, fretful, suffering from constipation, colic or other minor upsets . . . experienced nurses know that Steedman's Soothing Powders bring prompt relief. Safe, gentle, easy to give—used the world over for 100 years. Eight out of 10 druggists recommend Steedman's, too . . . the fastest-selling product of its kind in Canada.

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Applications will be welcomed from Registered Nurses with post-graduate preparation in public health nursing, with or without experience.

Registered Nurses without public health preparation will be considered for temporary employment.

Scholarships are offered to assist nurses to take public health courses.

Apply to:

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REGISTRATION OF NURSES

Province of Ontario

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EXAMINATION ANNOUNCEMENT

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An examination for the Registration of Nurses in the Province of Ontario will be held on **November 16, 17 and 18.**

Application forms, information regarding subjects of examination and general information relating thereto, may be had upon written application to:

The Director,
Division of Nurses Registration
Parliament Buildings, Toronto 2

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CASH'S: 3 Doz. $1.65: 9 Doz. $2.75; NO-SO NAMES: 6 Doz. $2.20: 12 Doz. $3.30; 25c per tube

on their one meeting at Elora. Prior to the meeting, the Rev. Mr. Jeffares, rector of St. John's Anglican Church, held a communion service, using the communion set given to the church by Florence Nightingale many years ago. Mrs. Jeffares is a graduate of Winnipeg General Hospital. H. Snedden, V.O.N. supervisor, Hamilton, addressed the members on the activities and experiences of V.O.N. nurses.

Discussion on the Nurse Practice Act ended by all members promising to do their best to publicize the importance of such an Act, explaining its policies to other members of the profession and also to influential citizens. An attractive display for *The Canadian Nurse* was arranged by the convener of that committee and all members were urged to subscribe. It was agreed to invite Margaret E. Kerr, the *Journal* editor, to speak at the Fall annual meeting, when she will be making a tour of the districts.

Miss Patterson gave an excellent report on the annual R.N.A.O. meeting while Dr. T. Earl, of Southampton, spoke on "Meningitis," citing a case with its treatment and prognosis. Gladys Sharpe, director of nurses, Toronto Western Hospital, acted as judge for the recruitment contest. The alumnae association of the Brantford General Hospital was the winner and was presented with the $100 prize.

The hospitality extended to the members by Miss West, superintendent of the new 35-bed Saugeen Memorial Hospital, and her staff was much appreciated. After a tour of the hospital and supper, Mrs. W. Braddy gave a delightful address on "Hobbies" with demonstrations.

Available accommodation makes it easier to have the meetings in the larger centres but Districts 2 and 3 cover a large area. The present procedure, therefore, is to hold the meetings in various parts of the districts, thereby reaching nurses who find transportation difficult and thus would get out of touch with the organization. It is hoped this added effort will increase membership.

KITCHENER

St. Mary's Hospital

Helen Witmer, a 1946 graduate, is now serving as a nurse for two years in a 30-bed hospital in Ethiopia. She is the first Canadian to nurse there under the Mennonite Relief Committee which operates the hospital. Miss Witmer received her bachelor of arts degree from Goshen College, Indiana, last June. She will use her medical knowledge as a laboratory technician at Nazareth Hospital, located in Adama, a centre about sixty miles from the capital city of Addis Abbaba.

At this unit, in charge of an American doctor, Miss Witmer will assist with its extensive program of clinical work. During last May the hospital staff made 2,944 clinic calls, an average of about 125 daily. Sixty-five patients were admitted during the same month. Miss Witmer will probably also help with a program started in 1947 to train native Ethiopians as laboratory assistants. Graduation programs are arranged from time to time for those who are proficient in use of the microscope and other laboratory routine.

Woodstock General Hospital

Kathleen Erb, a graduate of this hospital and now a nurse in Quito, Ecuador, escaped without injury the recent devastating earthquake which struck the surrounding areas. She was heard over a Quito radio station by her parents shortly after. Reporting on the damage inflicted by the catastrophe, Miss Erb said that she and Dr. Paul W. Roberts, of Toronto, had visited one town where only fifteen people remained alive.

After graduation, Miss Erb attended the London Bible School and went to Colombia in South America last January. She has been a nurse at the hospital in Quito since April. Once a month her parents hear her voice over the Quito station when the doctors, nurses, and missionaries in the area report on their work and have an opportunity to speak to their families.

DISTRICT 7

PERTH

Over three hundred attended the successful garden party held by the Perth Registered Nurses' Association when $350 was cleared. This sum, which included donations, will go towards improvements for the nurses' residence. Flowers for the occasion were contributed by the town residents. The following gave their services for the event: Party convener and canvassing, Mrs. F. Paul; receptionists, E. Gibson, K. Donaldson; tables and decorations, L. Logan; fish pond, G. Ennis; refreshments, E. Acheson; raffling and sales table, D. Taylor; home-made candy, Mrs. L. Gilhuly. The home-made cake, donated by Mrs. I. Dupuis, was won by Mrs. C. F. Robertson, while the hand-made monkey, made by A. Hewitt, was won by Mrs. Paul. B. Watters was the winner of the afghan, raffled by Miss Gibson for the G.W.M. Hospital. The needlepoint sampler, made by L. Keil, was to be drawn for later.

BERMUDA

In May the alumnae association of the King Edward VII Memorial Hospital School for Nurses offered a scholarship of £100 to any member wishing to take a post-graduate course at a university. At the July meeting of the alumnae, the scholarship was presented to Joan M. R. Ainsworth, sister in charge of the isolation department at the hospital. Miss Ainsworth will enter the McGill School for Graduate Nurses to take teaching and supervision.

The presentation was made by Mrs. Somers Smith (Sarah Hayward), one of the first graduates of the old Cottage Hospital and matron of that institution 1912-20. At this time the staff moved to the newly built K.E.M. Hospital where Miss Hayward remained in charge until the arrival of a new matron from England.

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Supt. & Asst. Supt. for 60-bed hospital. Apply for particulars to Miss D. Bird, Sec.-Treas., General Hospital, Kenora, Ont.

Operating-Room Nurses immediately. Excellent working & living conditions. For further particulars write Supt. of Nurses, Toronto Hospital for Tuberculosis, Weston, Ont.

Obstetrical Nurses (experienced) for 125-bed Maternity Hospital. Gross initial salary: $38-44 per wk. Good opportunities for advancement. For further information apply C. E. Brewster, Supt. of Nurses, General Hospital, Hamilton, Ont.

Public Health Nurse for Middlesex County School Health Service. Salary: Without experience, $1,900 per yr.; with experience, $2,000 per yr.—car allowance, $840 per yr. Apply W. A. Sutherland, County Bldg., London, Ont.

Dietitian (experienced) for King Edward VII Memorial Hospital, Bermuda. Write, giving full particulars & when available, to the Matron.

Registered Nurses for General Duty. Salary: $135 per mo. plus meals & laundry. Apply Rotary Hopewell Hospital, Leamington, Ont.

General Duty Nurses. 65 beds. Basic gross salary: $175. Rotating shifts. Room, board & uniform laundry provided at $25 deduction. Staff accommodation consists of unique housing in attractive cottages on the sea. Excellent opportunity for nurses to gain experience in Orthopedic & Pediatric nursing. Openings also for **Physiotherapist & Laboratory X-Ray Technician.** Apply in writing, giving date of graduation, training school, age & experience, Lady Supt., Queen Alexandra Solarium for Crippled Children, P.O. Cobble Hill, V.I., B.C.

Matron for 13-bed hospital. Salary: $175 per mo. plus full maintenance. Apply Sec., Municipal Hospital, Myrnam, Alta.

General Duty Nurses for Municipal Hospital, Brooks, Alta. Salary: $145 per mo. for 1st 6 mos. with increase to $150 per mo. after 6 mos. service, plus full maintenance & additional allowance for night duty. 8-hr. day, 6-day wk. 2 wks. holiday after 1 yr. service plus statutory holidays. Excellent nurses' home. On main line of C.P.R. & daily bus service to Medicine Hat & Calgary. Apply Supt. of Nurses.

Instructor (qualified) at once. 100-bed hospital, 45 students. Hospital is 40 miles from Edmonton with good train & bus service. Salary schedule according to experience. 8-hr. day, 5½ day wk. with long week-end once a mo. 1 mo. holiday with pay at end of 1 yr. Apply by wire collect or write, stating salary expected, Supt. of Nurses, Public Hospital, Lamont, Alta.

Registered Nurses for General Duty for modern 200-bed hospital. Salary: $125 per mo. plus maintenance. Increase of $5.00 after 1st 3 mos. 8-hr. day, 6-day wk. 3 wks. holiday with pay plus statutory holidays. Apply Director of Nursing, County General Hospital, Welland, Ont.

Graduate Dietitian at Ontario Hospitals in Kingston, Whitby, Woodstock. Initial salary: $2,140 per annum plus $180 Cost of Living Bonus, less perquisites ($26.50 for room, board, laundry). Annual increment, accumulative sick leave, superannuation, 3 wks. vacation, statutory holidays & special holidays with pay. 8-hr. day, 6-day wk. Apply [illegible] at above hospitals.

Registered Nurses for General Staff at Ontario Hospitals in Brockville, [illegible], [illegible]on, London, New Toronto, Orillia, St. Thomas, Toronto, Whitby, Woodstock & [illegible] to Psychiatric Hospital. Initial salary: $1,840 per annum plus $180 Cost of Living Bonus, less perquisites ($26.50 for room, board, laundry). Annual increment, accumulative [illegible] leave, superannuation, 3 wks. vacation, statutory holidays & special holidays with pay. 8-hr. day, 6-day wk. Apply Supt. of Nurses at above hospitals.

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For further information apply:

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Night Supervisor & Nursery Supervisor for 300-bed General Hospital. 48-hr. wk. 1 mo. vacation with pay. Sick leave, pension plan. Apply, stating qualifications, Miss O. Waterman, Director of Nursing, McKellar General Hospital, Fort William, Ont.

Registered Nurse for 30-bed hospital in Southern Interior of B.C. Salary: $175 per mo. less $30 full maintenance. Comfortable nurses' home adjoining hospital. Rotating shifts of 2 wks. duration. 10 statutory holidays plus 4 wks. after 1 yr. Apply Matron, Community Hospital, Grand Forks, B.C.

Graduates (8) for 50-bed hospital. Salary: $170 per mo. with 2 wks. vacation after 1 yr. service. 8-hr. day, 6-day wk. Sick leave allowance. Laundry. Apply c/o Box 20, The Canadian Nurse, Ste. 522, 1538 Sherbrooke St. W., Montreal 25, Que.

General Duty Nurses for General Hospital, Kenora, Ont. Apply to Supt. for particulars.

Supt. of Nurses & Principal of School of Nursing for Royal Alexandra Hospital, Edmonton, Alta. Submit complete statement regarding qualifications & salary expected to Dr. D. R. Easton, Medical Supt.

Associate Director of Nursing. Also **Supervisors** for Operating-Rooms & Central Surgical Supply; Obstetrical Division, including newborn nursery. Capable of organizing & assuming full responsibility in respective depts. Hospital new & thoroughly modern in rapidly growing community. Salaries open. Personal interview desired. Apply, stating age, full particulars of qualifications & experience, Supt. Oakville-Trafalgar Memorial Hospital, Oakville, Ont.

Nursing Arts Instructor—Gross salary: $195. **Science Instructor**—Gross salary: $205 less $30 maintenance per mo. **Clinical Supervisor**—Gross salary: $180 less $30 maintenance per mo. 188-bed hospital. 44-hr. wk. Apply, stating qualifications & experience, Supt. of Nurses, General Hospital, Medicine Hat, Alta.

Nursing Arts Instructor with degree, **Operating-Room Supervisor & Nurses for Obstetrical Dept.** for 154-bed hospital connected with large clinic, located in the Capitol City. Apply Director of Nurses, Evangelical Hospital, 6th & Thayer, Bismarck, North Dakota.

Nursing Arts Instructor, Pediatric Supervisor immediately for 200-bed hospital. Apply, stating qualifications, Supt. of Nurses, Royal Inland Hospital, Kamloops, B.C.

Registered Nurses for General Staff Duty—(Div. of T. B. Control, British Columbia): **Vancouver Unit**—Salary: $168 per mo. with increments over 5-yr. period (including current C.L.B.). No residence accommodation. **Tranquille Unit**—Salary: $174 per mo. with increments over 5-yr. period (including current C.L.B.). Attractive modern residence. Recreational facilities. Exhilarating climate. 8-hr. day, 5½-day wk. (Overtime paid when necessary.) Annual vacation, 1 mo. with pay & 11 statutory holidays. Sick leave, 14 days per yr. (cumulative) plus 6 days for incidental illness. Superannuation plan. Further information & applications may be obtained from Supt. of Nurses in respective Units or Director, T. B. Nursing, Vancouver, B.C.

Registered Nurses interested in General Staff, Head Nurse & Supervisory positions at Texas Medical Centre. Immediate openings. Maximum beginning salary for General Staff Nursing: $220 per mo. 44-hr. working wk. & uniform laundry. Liberal paid vacation, holidays, sick leave. Salaries for Head Nurses & Supervisors open, being based on experience & postgraduate work or college credits in nursing. Apply Director of Nursing Service, Hermann Hospital, Houston 5, Texas.

Registered Nurses for General Staff work on Rotation Service. Apply Supt., Shriners' Hospital for Crippled Children, 1529 Cedar Ave., Montreal 25, Que.

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DIRECTOR OF NURSING

for 300-bed hospital entering into new hospital structure. Applicants require University standing, preferably with B.Sc. degree. *Salary:* $3,000 or upwards in accordance with qualifications; full maintenance and private suite. Excellent opportunity under pleasant surroundings. Apply, giving qualifications, experience, references, photograph, and when available in first letter, to

R. V. Johnston, Supt., McKellar General Hospital, Fort William, Ont.

Vancouver General Hospital requires: **Clinical Instructor in Medical Nursing** & **General Staff Nurses.** Salary: $172 gross, including current Cost of Living Bonus. Extra premium for evening or night duty. Registration in British Columbia required. For further information apply Director of Nursing, General Hospital, Vancouver, B.C.

Graduate Staff Nurses for small, new, fully modern General Hospital in Southern Indiana, close to several large cities in Indiana, Kentucky & Illinois. Beginning salary: $180 with additional for evening & night duty. **Surgical Nurse:** Salary, $190. Apply Supt., Harrison County Hospital, Box 64, Corydon, Indiana.

Registered Dietitian at once for 50-bed hospital. Salary: $175 per mo. gross. Apply Sec.-Manager, Union Hospital, Rosetown, Sask.

Registered Nurses for General Staff Duty in 45-bed hospital. Salary: $110 plus full maintenance. 8-hr. day, 6-day wk. 3 wks. holiday after 1 yr. service, plus statutory holidays, 1 wk. sick time with pay. Apply Supt., County of Bruce General Hospital, Walkerton, Ont.

Floor Duty Nurse. 8-hr. duty. Salary: $110. Full maintenance & laundry. Blue Cross hospitalization. Apply Supt., Barrie Memorial Hospital, Ormstown, Que.

Have you the urge to travel & see more of our country? Have you a friend who would like to also? Nurses are required for the new ultra modern 37-bed General Hospital in Langley Prairie, 1 hr. from Vancouver. Accommodation available in the newly opened nurses' home. Basic gross salary: $165; $175 with recognition for experience or post-graduate courses. Straight 8-hr. day, rotating shifts, with 9 statutory holidays & sick time. Apply Miss M. Ward, Supt. of Nurses, Langley Memorial Hospital, Murrayville, B.C.

General Staff Nurses, 44-hr. wk. Starting gross salary: $175. Registration in British Columbia essential. Apply Supt. of Nurses, Royal Columbian Hospital, New Westminster, B.C.

General Duty Nurses for 350-bed Tuberculosis Hospital in centre of Laurentian summer & winter resort area, 2 hrs. from Montreal. Starting salary: $115 per mo. plus full maintenance. Attractive working hrs. with 1½ days off weekly & 1 week-end ea. mo. 1 mo. annual vacation. 14 days sick leave. Apply Supt. of Nurses, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, Que.

General Duty Nurses (2) for 19-bed hospital (United Church). Salary: $125 per mo. plus full maintenance. Bonus of $50 paid at end of 1st yr. & another bonus of $100 at end of 2nd yr. 8-hr. day split shift. 2 half days off ea. wk. 1 mo. holiday at end of ea. yr.'s service. Apply, stating qualifications, vital statistics, data available, Supt., George McDougall Hospital, Smoky Lake, Alta.

General Duty Nurses for Day & Night Duty in small hospital. Good salary. Apply Supt., Rosamond Memorial Hospital, Almonte, Ont.

General Duty Nurses (2). Salary: $125 per mo. with full maintenance & laundry. Apply, giving full particulars, Administrator, General Hospital, Parry Sound, Ont.

General Duty Nurses for small hospital in attractive Northern Ontario town. Salary: $140 per mo. plus full maintenance. Excellent living conditions. Also **Orderly** or **Male Nurse.** Salary according to qualifications. Apply Supt. of Nurses, Lady Minto Hospital, Cochrane, Ont.

Graduate Nurses for permanent General Duty in 500-bed hospital. Salary: $175 per mo. with annual increments of $7.50 per mo. for 4 yrs. 28 days vacation; all statutory holidays granted. 44-hr. wk. Superannuation. Sick leave benefits. Apply Director of Nursing, Royal Jubilee Hospital, Victoria, B.C.

CANADIAN RED CROSS SOCIETY

invites applications for ***Administrative*** and ***Staff*** positions in **Hospital, Public Health Nursing Services,** and **Blood Transfusion Service** for various parts of Canada.

- The majority of opportunities are in **Outpost Services** in British Columbia, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, and Nova Scotia.
- Commensurate salaries for experience and qualifications. Transportation arrangements under certain circumstances.

For further particulars apply:

National Director, Nursing Services, Canadian Red Cross Society,
95 Wellesley St., Toronto 5, Ontario.

Graduate Staff Nurses for Operating-Room Dept. at General Hospital, Hamilton, Ont. 44-hr. week. Rotating service. Initial gross salary: $38 per wk. plus laundry. Opportunities for promotion to staff appointments at higher salaries for qualified experienced Operating-Room Nurses. Apply C. E. Brewster, Supt. of Nurses.

Graduate Nurses for General Duty for 35-bed hospital. Salary: $155 per mo. plus $15 bonus. Maintenance, $35; live in nurses' home. After 1 yr., 1 mo. holiday with pay. 8-hr. shifts, 6-day wk. Apply Supt. of Nurses, General Hospital, Ladysmith, B.C.

Graduate Nurses (2) immediately for 40-bed hospital situated on new Hope-Princeton highway. 44-hr. wk. 28 days annual holiday plus 10 statutory holidays. Annual increases & accumulative sick leave. Self-contained nurses' home. Commencing salary: $1,800 annually plus $10 monthly bonus. Full maintenance for $25 per mo. For further particulars apply Director of Nursing, General Hospital, Princeton, B.C.

Graduate Floor Duty Nurses for General Hospital, Hamilton, Ont. 44-hr. week. Rotating service. Gross salary: $38 per wk. Apply C. E. Brewster, Supt. of Nurses.

General Duty Nurses. 8-hr. broken day. 48-hr. wk. Gross salary: $163.40 monthly. All salaries have scheduled rate of increase. Cumulative sick leave. Pension plan in force. Blue Cross plan. 3 wks. holiday after 1 yr. service. Apply Supt. of Nurses, Muskoka Hospital for Tuberculosis, Gravenhurst, Ont.

Matron for 22-bed Municipal Hospital. Salary: $185 plus maintenance. Quarters in separate nurses' home. 1 mo. holidays with pay after 1 yr. service. Apply Municipal Hospital, Provost, Alta.

Graduate Nurses (2)—one qualified for position of **Matron**—for 23-bed hospital. State salary expected. Full maintenance supplied. Apply T. G. H. Lewis, Sec.-Treas., Dodsland Hospital, Dodsland, Sask.

O.R. Supervisor for 275-bed well-equipped modern hospital, with Nursing School, in picturesque lakehead country. Blue Cross Hospital plan. 1 mo. yearly vacation with pay. Apply, stating salary expected, Director of Nursing, General Hospital, Port Arthur, Ont.

Supervisor for Pediatric Floor for Nov. 1. 100-bed hospital. Salary: $170 plus Cost of Living Bonus. 44-hr. wk. Apply Supt. of Nurses, Children's Hospital, 250 W. 59th Ave., Vancouver, B.C.

Graduate Nurse for General Duty. Gross salary: $175 per mo. Apply Sister Superior, Providence Hospital, Fort St. John, B.C.

Any Registered Nurse interested in babies should postgraduate at **Canadian Mothercraft Hospital,** Clarendon Ave., Toronto 5, Ont. Course covers 4 mos. with tuition, board & lodging & cash allowance.

I have been in a position of authority myself, and have always tried to remember that to use such an advantage inconsiderately is cowardly. To be sharp upon those beneath me is worse in me than for them to be sharp upon me. No one can trample upon others and govern them.—FLORENCE NIGHTINGALE